The Canadian Nurse

Published by the Canadian Nurses Association
A Monthly Journal for the Nurses of Canada

VOL. XXXII MONTREAL, QUE., NOVEMBER, 1936 No. 11

NURSES — WHAT NEXT?

BASIL C. MacLEAN, M.D., Director, Strong Memorial Hospital, Rochester, N.Y.

The JOURNAL *is indebted to* THE MODERN HOSPITAL *for the privilege of reprinting this article which, in its original form, was an address delivered by Dr. MacLean before the New York State Hospital Association. It was first published in the August issue of* THE MODERN HOSPITAL *and is here reproduced verbatim. The italics, throughout, are ours, and are intended to bring into relief certain statements which appear to be specially significant. In the succeeding article, entitled "Let us try to understand," an attempt has been made to analyze and interpret the ideas put forward by Dr. MacLean.*—EDITOR.

During the past decade hospitals have been singled out as a target of attack for an alleged exploitation of young American womanhood for cheap labor. Every argument has been used except that of undivided surplus in the hospital treasury. Overproduction of nurses, it is claimed, parallels overproduction of wheat and oil and brokers and bank clerks. The cult of "thirty" overwhelms us. It is said that thirty years ago there was one nurse for every thirty doctors and that today we have two nurses for every one doctor. In thirty years, one of every thirty persons in the United States would be a registered nurse. In another thirty years, one of every two persons in this country would be a registered nurse and thirty years later, using the same curve or graph, there would be thirty nurses for every person from Maine to California. Statistics should be salted well with horse sense.

Years ago the definition of a nurse was comparatively simple, for nursing then was much simpler than it is today. Many will remember the old definition of a nurse as "a critically unstable compound of nature and science, put together with adhesive tape, safety pins and starch." Cool, clean and crisp as a full dress shirt, she was an authority in emergency and a consultant in doubt and distress. In the doctor's presence, she was his shadow and in his absence, his substitute. As most nursing in those days was done in the home, she was the centre of that universe which started to revolve as soon as she took off her hat.

To enter a training school for nursing in those days, the qualifications were rather simple. An average education, a good natural complexion, evidence of birth, a certificate of vaccination and a letter from a clergyman constituted adequate requirements. In the first year she learned how to scrub floors and newly arrived accident cases. She learned the rudiments of physiology, which can be very rude and rudimentary at times, how to make a six-foot sheet cover a seven-foot bed, how to identify bichloride of mercury and how to shake down a pillow or mattress without losing her temper.

During the second year she learned how to shake down a clinical thermometer without dislocating her wrist or putting out her patient's eye, how to make charts for interns to cluck their tongues over and how to hand sponges to doctors in the operating room. In the third year she learned how to make junket and custards, how to nurse forty patients on night duty and how to dodge the superintendent of nurses. Three years of this and she was ready for graduation. Then, barring over-doses, mixed labels and matrimony, her future was secure. This is facetious, of course, for the nurses of yesterday commanded the respect and enjoyed the confidence of both patient and physician.

As She Is Today

We find today, however, that nursing is being lifted by its bootstraps to the status of an academic profession. Nursing organizations have prompted state boards of nurse examiners to be more exacting in their demands and there is so much agitation for revised curricula, increased requirements and higher standards that it is feared by many that a nurse will come to need a bachelor's degree to give a back rub.

The National League of Nursing Education, in its proposed "Standard Curriculum for Schools of Nursing," issued in 1917, advocated 590 hours of instruction. Then years later, the ideal curriculum provided 825 hours. The one which is provoking so much comment at this moment calls for 1,200 hours of instruction. Most good schools of nursing probably more than meet the most recently suggested curricula hour requirements, but hospitals are constantly harassed by demands to raise the hurdles. The suggested of today becomes the required of tomorrow.

The nurse of today certainly requires more technical knowledge and skill to keep abreast of new developments and procedures in medical practice. It is pertinent to mention, however, that the basic sciences, important though they may be, must never come to outweigh in the nursing curriculum practical instruction in the principles and procedures of bedside care. A detailed knowledge of the amino acids is less important than a dexterity with a drawsheet and as yet neither the patient nor the physician asks that the nurse be a microbiologist. *There may be much truth in the contention of some observant nursing directors that institutional nursing of today does not permit enough time for the development of those niceties of patient care and patient relationship which used to distinguish nursing care in the home.* If so, there is perhaps some substance to the story of the physician who, after recommending to his patient the employment of a nurse in the home, received the reply, "Oh, Doctor, I'm too sick for that!"

Physicians who practice in hospitals are frequently critical of the more recent graduates in nursing. Their complaint is that there is too much of the theoretical and too little of the practical in modern nursing instruction, that nursing students are being overeducated and undertrained. This criticism comes not only from the doctor who thinks stupidly that a nurse is a glorified nursemaid, but also from the doctor who observes carefully, thinks clearly and sympathizes fully with the problems of nursing instruction.

The Part the Doctor Has Played

Against this it must be mentioned that the doctor is responsible for much of the emphasis on the theoretical. It is he who usually gives the lectures, sets the examinations and grades the papers. As a result, the instruction and demands often parallel those of medical students. If the result is a pseudo-physician instead of a capable nurse, he should be fair enough to share the responsibility. There are many nurses who as instructors in nursing schools are better able than are staff physicians to teach, from the standpoint of practical application of nursing, both the basic sciences and the clinical

subjects of the nursing curriculum. *The doctor also is responsible for the need for increased skill in nursing. Nursing procedures have increased in number and complexity not only because of the progress of medical science and the added facilities for diagnosis and treatment, but also because many duties formerly performed by the hospital physician or the hospital resident staff are now delegated by them to be done by nurses.*

When it became evident many years ago that nursing meant more than maid's work, hospitals trained their students more carefully to care for patients and to carry out doctors' orders. Blood pressures and blood specimens, however, were not taken by nurses of even twenty years ago. Intravenous therapy was hardly known. These and many other procedures are now being transferred from medical care by doctors and interns to nursing care by nurses.

The routine duties of nursing, however, remain the same. The bed and the bedpan, the back care and the breakfast tray are identical with those of yesterday. How much time is consumed by such duties? Estimates range from 50 per cent to 80 per cent. The fantastic fiddle-faddle which frequently flavours the parlance of nursing education tends to confuse and smacks too much of humbuggery and pseudo-science. Let us profit by the mistakes of some other branches of education and avoid the development of a jargon which might require the assistance of both Einstein and the Supreme Court to interpret the procedure of punching a pillow.

It is noted that nursing has developed "habits of critical inquiry" in the care of patients. This principle is sound if directed to improvement in the nursing care of the patient. It has been fostered in other fields of training and unconsciously all educational activities become tinged with the idea of "keeping up with the Joneses." The duty of the nurse, however, is still that of making the patient comfortable. The care of the patient is nursing. The cure of the patient is mainly the practice of medicine.

Many hospitals are fearful of a shortage of both student and graduate nurses, a fear well grounded. In many sections of the country, a shortage already exists. The prosperity, real or artificial, which has accompanied the New Deal policy of spending billions of borrowed money and its reflection in increased private duty nursing are not the only reasons for the shortage. Neither can the shortage be attributed alone to the increased use of nurses in public health by government agencies, although it is perturbing to learn that twenty years ago, there were in the United States 5,000 public health nurses, whereas there are now 15,000 and that 50,000 are needed. Instances have been reported of clever propaganda directed to high school students to discourage them from entering nursing schools. Persistent pleas have been made to reduce their enrolment and there has been a decrease in the number of students in nursing schools. The glamour of the Great War is fading and such productions as "Men in White" do not continue to stimulate a surge of interest in a nursing career.

Not An Alarmist View

One need not be an alarmist to be concerned over the present and the future of institutional nursing. In an article which appeared recently in a hospital journal, the executive secretary of a national organization of nurses declared that "it is encouraging to find that fewer nurses are being graduated." An added comment was, "It is to be hoped that the good schools will not grow smaller in order to keep a balance between supply and demand."

There is a tendency on the part of nursing organizations to approach this problem from the standpoint of the individual nurse. This is no doubt a natural one, but the hospitals and the medical

profession must think first of the adequate care of the sick. *The closing of many small schools is justified if facilities for proper instruction are not available. The meeting of adequate standards in some instances made their training schools a financial liability. If the present trend for still higher standards and increased restrictions continues, the same effect may result in the larger institutions. Good nursing schools may be an economic asset even when the educational responsibility is realized, but red ink can only be used to a reasonable extent on the hospital ledger.*

$815 a Year to Educate a Nurse

The director of a well known hospital in the central states has computed the cost of educating a student nurse at $815 a year or $2,445 for three years. If this amount were charged to the student and if she were allowed twenty-five cents an hour for services rendered to patients in the first year, 30 cents an hour during the second year and 40 cents an hour during the third year, this charge for tuition and maintenance would be reduced to a net cost of $1,330 for the three years. This might be compared with the cost of three years in an academic course in college. The analysis might also serve to refute the charge of commercial exploitation. If anyone is skeptical of the fairness of comparison with an arts and science course in an average college, let him consider the ease with which credits can be obtained for an A.B. degree. We have yet to put "Appreciation of Art" or "Ping Pong" in the nursing curriculum. Indeed, most R.N. diplomas imply more education than many a Ph.D. degree, awarded for such a thesis as "A Study of the Methods of Milking" or "The Love Life of the Louse."

These questions are frequently asked: "Why do hospitals assume the responsibility of training nurses? Why not let the state or private endowment take over the task as is done in other fields of education?" Hospitals have conducted schools of nursing because no other facilities for nursing instruction were available. They will continue to do so unless curricular and other requirements make it economically impossible or until government accepts the burden. The statement has been made that nursing instruction should be separated from nursing service. This hardly seems feasible but hospitals might be glad, indeed, to be relieved of the burden of training nurses and to be able to confine their interests to nursing service. It might well be said, "Take nursing education if you will and make the most of it, remembering, if you please, that the gauge of your success will be, not the beauty of your theory, but the practicability of your plans."

The need for executives, instructors and other leaders in nursing is apparent. At least two prominent university or graduate schools of nursing have been established and a number of hospitals by university affiliation, offer a combined or degree course. From such sources, we expect to obtain our nursing generals. Where shall we recruit our nursing soldiers? Already many institutions are being forced to increase the sub-nursing groups and nursing attendants are being trained to do many tasks which formerly fell to nursing. The Horner Report of New York State recommended such a development. *When confronted with a choice of no nurses or ordinary nurses, the hospital's decision is obvious.*

In 1929 there were 1,885 schools of nursing accredited by state boards, while in 1935 there were 1,472, a decrease of 22 per cent. There were 17,000 fewer students in accredited schools in 1934 than there were in 1932 and 3,000 less are being graduated from schools of nursing than in 1932. The commissioner of hospitals of New York City said that the student registration in his department has so dwindled that today there are only 660 undergraduate students enrolled in six

schools among the twenty-four department hospitals having a total bed capacity of nearly 16,000.

Do We Want a Brain Trust?

What are the real objectives of nursing? Are we to raise standards of admission to training schools to obtain fewer nurses who know more? Who then will do the routine duties of nursing? The professoriat may have taken Washington, but there is still some doubt of the desirability of surrendering bedside nurses to a brain trust.

In industry we have mechanical engineers and we have mechanics. Perhaps in health, we should have a nursing profession and a nursing craft. The latter, however, implies recognition, certification and licensure of both. Already many hospitals are using nursing attendants and more and more the duties formerly performed by nurses are being delegated to this comparatively new class of personnel.

Hospitals do not wish to exploit nurses. Moreover, hospitals recognize the potentialities of political pressure by organized groups. They also are sympathetic to the desire of nurses to fit themselves better for the work of nursing. The plea which is made is merely for moderation.

LET US TRY TO UNDERSTAND

ETHEL JOHNS

In the foregoing article: "Nurses — what next?" Dr. MacLean makes a plea for moderation. This is such a reasonable request that we are encouraged to make a plea on behalf of nurses — we ask for understanding. Before reading further make sure that you understand what Dr. MacLean really means. Do not be misled by the facetiousness of his style but try to get down to the core of his thinking; he has something to say which merits our attention. And remember that Dr. MacLean does not speak for himself alone. It is no secret that his views are shared by many hospital administrators in Canada as well as in the United States.

With some of these views we do not agree and later on we shall have something to say about them. But first of all let us admit that Dr. MacLean has done nurses a real service in raising certain questions of crucial importance. In the concluding paragraphs of his article he says:

> What are the real objectives of nursing? Are we to raise standards of admission to training schools to obtain fewer nurses who know more? Who then will do the routine duties of nursing? In industry we have mechanical engineers and we have mechanics. Perhaps in health, we should have a nursing profession and a nursing craft. The latter, however, implies recognition, certification and licensure of both. Already many hospitals are using nursing attendants and more and more the duties formerly performed by nurses are being delegated to this comparatively new class of personnel.

Here is an issue the implications of which may yet shake the profession of nursing to its foundations. At the present time in Canada the vast majority of schools of nursing are owned, operated and controlled by hospitals. In the past, these schools were a financial asset to the hospitals because they ensured a reason-

ably efficient and relatively inexpensive nursing service. When, however, perfectly justifiable demands were made that more and better teaching should be given and that the hours of duty of student nurses should be reduced, the narrow margin of profit began to dwindle and even to disappear. Dr. MacLean is right when he says that red ink can only be used to a reasonable extent on the hospital ledger. Routine care must be given to the patients and if students cannot provide it then another group of workers must be found who can. To a considerable extent the need has been met by employing general duty nurses but this plan has been found too expensive by many hospitals. The result is that in the United States there is a growing tendency to employ women who are not professional nurses but who nevertheless give routine nursing care in return for a much lower salary than is paid to general duty nurses.

In the July issue of the *American Journal of Nursing* will be found an admirable article, entitled "Hospital or Collegiate Schools of Nursing?", in which Sister M. Bernice Beck outlines with commendable frankness the true state of affairs. This is what she has to say:

> We must remember that the practical nurse and the attendant are with us whether we like it or not. They are trained in various ways for various functions and sometimes not systematically trained at all, but are merely the product of a haphazard training picked up by practicing on the patient. Their numbers are increasing, not decreasing and undoubtedly the cause of the increase is partly due to our efforts to improve the preparation of the nurse.
>
> In the better schools of nursing the student nurse can no longer be depended upon for the long hours of service and the full care of the patient, as in former days. The result is that hospitals are turning to the subsidiary worker as an economical means of meeting their needs. The worker may be rigidly or loosely limited in her duties and sometimes is carefully supervised, but when she leaves this situation she may blossom out into the "nurse" who does nearly everything the graduate nurse does. Sometimes she demands the same remuneration for her services and obtains it from an uninformed and unsuspecting public. If we could obtain 100 per cent co-operation from doctors, this situation could not continue, since patients usually have doctors and the doctors ought to be fully informed regarding the preparation and qualifications of the nurse working with him. Often he engages the nurse.
>
> Is this state of affairs a strong argument in favour of keeping the education of the nurse on a lower than collegiate level? I do not think it is, but I do think that if we attempt to force schools rapidly to the higher level, they will either make a mess of nursing education, offering a counterfeit collegiate course, or they will give up their schools and fill the hospital with attendants who will get the work done in a fashion. Some hospitals whose schools have been discontinued because of increasing requirements have already done this. Therefore it seems advisable to educate those controlling the hospital school to the advantages of a fine preparation for the professional nurse, rather than force them hastily to some radical adjustment to a new situation. I am so afraid that reform enforced from without will never penetrate to the mind and heart of nursing education. The drunkard forced to take the pledge seldom keeps it unless there are very urgent inner promptings thereto. Therefore it is extremely important that we prepare well the nurses who take charge of our schools and assist in the education of the student nurse. Two or three faculty members, thoroughly imbued with the ideals of the good school, should be sufficient leaven to lighten the entire mass in that particular institution and are more helpful in raising standards than a dozen officers of nursing laws each armed with an awful-looking shotgun filled with commands and recommendations.
>
> Whether or not we are willing to admit it, the ubiquitous presence of the subsidiary worker or/and the practical nurse seems to be an indication that two types of worker are required, the carefully selected and well-educated nurse, properly prepared to do the most difficult and exacting tasks which fall to the lot of the nurse, and the woman with less education and preparation.

It might be claimed that there is as yet no such situation in Canada and that therefore we need not be unduly concerned about it. It is quite true that, so far, relatively few non-professional workers are engaged in Canadian hospitals. But there are at least two schools for trained attendants in Canada and the number of "practical nurses" engaged in

the private duty field increases with every year that passes.

For more than ten years the Canadian Nurses Association has been planning the advancement of nursing education and, as a result, we have as chart and compass the Survey of Nursing Education in Canada and our Proposed Curriculum for Schools of Nursing. If the valuable recommendations put forward in these volumes are ever to be more than pious aspirations they must be translated into terms of action and the moment we begin to do this we shall be confronted with some stubborn realities.

Perhaps we need not be unduly dismayed at the prospect. Miss Mary Beard has said that the possibilities of working out a satisfactory relationship between hospitals and schools of nursing have not yet been sufficiently explored. We heartily agree with her. Furthermore we believe that an enlightened self-interest on the part of hospitals will prevent them from adopting policies which might threaten the efficiency and dependability of their own nursing services. The reputation of a hospital and the esteem in which it is held by the community depend in a large measure on the confidence of the public in the competence of the professional nursing staff. Once this is undermined it will be difficult to restore.

On the other hand, nursing as an organized profession cannot continue to ignore and evade the issue raised by the employment of subsidiary nursing personnel. As soon as they appear in any large number in our hospitals it will be necessary to delimit their sphere of activity and the hospital authorities may find this to be a more difficult problem than they now anticipate. By way of illustration we mention Dr. MacLean's statement that "routine nursing care" consumes from 50 to 80 per cent of a nurse's time and we note that he makes a sharp distinction between "care" and "cure". In his capacity as a physician he might perhaps find it difficult to separate them in actual practice. In pneumonia, for example, where skilled nursing care is frequently an indispensable factor in cure. There is here the common failure to understand what *skilled* routine nursing care implies and how it differs from the *unskilled* variety. The vital difference lies in the fact that *skilled nursing care includes the capacity for acute and intelligent observation.* This capacity is a sort of sixth sense and is only developed by prolonged study and experience. Yet upon it there sometimes depend the issues of life and death.

Let us, as professional nurses, admit frankly that a subsidiary nursing personnel could give routine nursing care acceptably. But let hospital administrators remember that one all-important factor would be absent from such care: the ability to observe intelligently and to interpret correctly. No matter how skilled the professional supervision might be it could not be sufficiently intensive or extensive to safeguard patients, particularly at night. It is quite true that skilled nursing care includes giving bedpans and punching pillows, rubbing backs and bringing the breakfast tray. These are all nursing duties willingly performed. Over and above them, and yet part of them, lies the continuing intangible art of nursing which has nothing to do with what Dr. MacLean calls "the fantastic fiddle-faddle of the parlance of nursing education." The performance of these duties, while not technically difficult, nevertheless affords unique opportunity for continuing observation of the patient—provided the nurse has sufficient knowledge and experience to qualify her for the task.

It looks as though, in the interest of the patient, hospital administration must come to terms with nursing education and nursing education with hospital administration. Let us begin by searching for common ground. Dr. MacLean accepts, as a matter of course, ideas concerning

nursing education which would probably have been denounced as ultra-academic ten years ago. He admits that there is a need for "nursing generals" and that they must be adequately prepared for their work. He says that the closing of small schools is justified if proper facilities for teaching are not available. He recognizes quite frankly that the nursing field cannot be artificially delimited but that inevitably it "marches" with that of medicine. We wish all administrators and boards of directors were as broadminded.

Even more encouraging is his admission that institutional nursing, as it is today, does not permit the full development of the nursing arts. If only we could persuade him and other hospital authorities to go a little further we might come nearer to a mutual understanding. Where does the blame lie for crowded, understaffed wards and the indifferent nursing care which goes with them? Who is responsible for imposing hours of duty that are sometimes a menace to health and which make study a burden instead of a pleasure?

We do not believe that hospital executive officers are personally responsible for these things. They are usually intelligent, hard-working men and women, trying their best to do a difficult job under adverse conditions. The trouble lies deeper: in the past it has been easier to thrust the burden on to the shoulders of the nursing staff than to place the financial responsibility where it belongs. And where does it belong? It belongs to the community at large, and signs are not wanting that the community is ready and willing to play its rightful part if and when hospital administrators pluck up their courage and come to realize that the nursing staff cannot "take the buffet and cushion the shock" to all eternity. There are communities in Canada which would accept bold leadership in such matters. "Ye fearful Saints, fresh courage take!"

In such a campaign of education nurses must be prepared to take their part. When we are asked: "How is nursing education to be financed?", we usually take refuge in vague generalities about "State support" and "gifts from benefactors." It would be more to the point if a few good schools of nursing could get down to brass tacks and work out in conjunction with their Boards of Directors, a sound scheme which would really work. But this task, difficult as it is, would be easy as compared with that other challenge to which reference has been made already. Dr. MacLean puts it quite fairly when he says that the creation of a nursing craft as distinct from a nursing profession implies recognition, certification and licensure of both. This is an extremely delicate undertaking and one which requires the whole-hearted co-operation of professional nurses if it is to be successful. Should we not make a beginning?

Suppose the Canadian Hospital Council should come to us tomorrow and ask for a sound, well-reasoned statement regarding the use of auxiliary personnel in hospitals — are we prepared to give it? It is time we knew our own minds on this and other matters which affect nursing practice and nursing education far more profoundly than the content of courses in the underlying sciences.

As a professional group we must accept two heavy responsibilities. The first is to maintain our professional status and safeguard nursing education. In this connection the Curriculum will be invaluable. Excellent standards for schools of nursing have been set up and a comprehensive teaching plan has been prepared which, if properly carried out, will ensure a sound professional preparation. But in the field of nursing service we are met with an insistent demand for a subsidiary type of nursing personnel. Shall we concentrate all our efforts on maintaining educational standards and let the service problem severely alone? Or shall we tackle both problems with courage

and resourcefulness and find that in overcoming the second we have gone far towards solving the first?

One thing is certain. We cannot settle things all by ourselves and entirely to our own satisfaction. There are other parties to the contract: the hospital, the physician, the patient — and the community which includes us all. Let us try to understand.

A PROUD MOMENT

The illustration shows Her Royal Highness the Duchess of Kent with the Nightingale International Students to whom she presented certificates at Bedford College, London. In the back row will be seen, S. C. Bovill (Great Britain), V. Dunbar (United States of America), I. I. Pohjala (Finland), A. C. Neill (Canada), G. J. Sharpe (Canada), M. E. Flambert (Great Britain), E. R. Bridges (New Zealand), M. Reynolds (Great Britain), Y. Hentsch (Switzerland). In the front row are standing, G. Holden (Canada), K. Bratt (Sweden), M. W. Astley (New Zealand), H.R.H. the Duchess of Kent; J. Manuel (India), K. Laurinaviciute (Lithuania), I. M. Abelgas (Philippine Islands), K. Whitsed (Great Britain), J. G. Thompson (Great Britain), K. Scrymgour (Australia). Even to read the list demonstrates the international character of the course and quite apart from the value of the course itself there is that broadening of mental horizons which comes from contact with peoples from other lands, of other races and of other religions. Canada is well represented in this picture. Would you like to be a member of such a group? You might be! Turn to page 516 and find the way.

NEWS FROM EXCHANGE STUDENTS

There is many a mile between Edmonton, Alberta, and Cape Town, South Africa, but our exchange students take them in their stride. Here is a letter from Miss Margarita T. Reed of the University Hospital, Edmonton, Alberta:

On my arrival in Cape Town, I was met by members of the Nurses' Exchange Committee and taken to Mrs. Horwood's office, where I was made most welcome. Mrs. Horwood had arranged that I should be taken through the different hospitals in Cape Town, and I was driven out to see the New Groot Schuur Hospital, which is still under construction. It is built on the outskirts of the city, and is truly a building that any country may well be proud of; the hospital will accommodate about eight hundred patients. The nurses' home is a beautiful building, with sleeping porches for the warm weather, and it has a perfect location at the base of a mountain. The home has everything to ensure not only the comfort of the nurse, but her happiness.

I left Cape Town with the most pleasant memories, to continue my journey to Port Elizabeth. Here again I was met and warmly welcomed. It may truly be said that the South African people are of the most hospitable and friendly nature. They are anxious that a stranger should like their country, and are eager to hear of one's own homeland.

In addition to the hospital work and routine, which differs very little from that of the average Canadian hospital, the nurses have accomplished some very fine work. Their Trained Nurses' Association seems to be a very well organized and co-operative body. They are now forming a committee to interview and to standardize the different hospitals with regard to the training of the student days. Their ideas and aims resemble somewhat those outlined in our *Survey of Nursing Education in Canada*. The Association has made it possible to have a pension scheme for trained nurses, which ensures the nurse a very substantial income when she reaches the age of fifty-five years, the retirement age for South Africa. Besides that, the South African nurse is given, at the end of each five years of duty, a six-months' leave, three months with full pay and three months part pay. Many nurses return to their homeland in England.

South Africa is perhaps young in the nursing world, but the nurses are certainly organizing and going ahead.

MARGARITA T. REED.

From the *South African Nursing Journal* we quote this letter from Miss J. Lansdorp of the Provincial Hospital, Port Elizabeth:

Just a few lines to let you know that I arrived safely in Edmonton after a very enjoyable trip. In Toronto I was met by Miss Browne, who took me over to Miss Gunn, Toronto General Hospital, where I had lunch. They took me over the hospital, which is very much up to date. I enjoyed it very much. In the afternoon I was taken for a motor spin and had a good look round the city. I was taken to tea with Miss Browne to the Women's Club. I also had a look round the Children's Hospital, where I met Miss Austin, the Matron. They were all very kind to me.

I like the trains very much, and enjoyed my journey. The country reminded me of the flat lands in the Orange Free State.

Edmonton greeted me with rain. Miss Peters, the Nursing Superintendent, and everybody on the staff are very nice to me. I am working on the surgical men's floor. Edmonton is a very nice town, quite different from our South African towns. I hope many more nurses will follow our example and exchange hospitals for a year.

J. LANSDORP,

University Hospital, Edmonton, Canada.

These exchanges can only be arranged through the Committee of Exchange of Nurses appointed by the Canadian Nurses Association. The convener is Miss Jean E. Browne.

BETWEEN OURSELVES

Last month, under this same caption, we promised an outline of the functions of this *Journal*. Here it is:

1. To afford a means of dignified publicity for the interests and activities of the Canadian Nurses Association. This is effected in two ways: (a) directly and officially through the medium of the department known as "Notes from the National Office" contributed by the executive secretary of the Association; (b) indirectly and unofficially by articles and editorial comment.

2. To interpret to nursing groups in other countries the aspirations and the ideals of Canadian nurses.

3. To act as a stimulus toward constructive thinking concerning nursing problems, educational, technical, and economic, and to reflect, integrate and interpret the thought of Canadian nurses.

4. To serve equally all the principal branches of nursing service, public health, institutional and private duty, and to avoid sectionalism and narrowness.

5. To be of service to individual nurses and especially to those who practice in isolated parts of the country.

This outline has been formally accepted and approved by the Canadian Nurses Association and is therefore official in character. It must be remembered that the Canadian Nurses Association owns, publishes and controls the *Journal*. It appoints the editor and can dismiss her if her services are not satisfactory. If the *Journal* fails to pay its own way the Association must meet the deficit. It is therefore perfectly proper that the primary function of the *Journal* should be to give dignified publicity to the interests and activities of the organization which sponsors it. We are often asked why so much space is devoted to the reports of various committees and to the text of resolutions which sometimes make dull and difficult reading. Yet this material must be published if the rank and file of the Canadian Nurses Association is to be informed concerning its policies and the actions that grow out of them.

At this point a word should be said about the importance of maintaining strong and united national and provincial nursing organizations. One of the most powerful factors in so doing is the existence of a fearless and independent nursing *Journal* which owes no allegiance to any commercial interest and acknowledges no authority except that of professional nurses themselves. We can speak our minds without fear or favour.

We hasten to add that we have not forgotten the challenge of "An old subscriber—not so old." We are just biding our time until some of the guiding principles under which the *Journal* operates have been made clear to our readers. The first of these is: this *Journal* is primarily concerned in promoting the interests of the Canadian Nurses Association and its nine Provincial units. Primarily but by no means exclusively. The *Journal* takes all nursing for its province, otherwise it could not fulfil its obligations to its readers.

A NOTABLE ACHIEVEMENT

In competition with nurses from five hundred Catholic Schools of Nursing, situated in Canada and in the United States, Miss Lillian Grady has won a scholarship award of $2,500 which will enable her to attend the University of Missouri. The course she will take leads to the degree of Bachelor of Science in Nursing. Miss Grady graduated in 1927 from the School of Nursing of the Halifax Infirmary, Halifax, Nova Scotia, and attained the highest standing granted in the same year in the examinations for registration in that Province. Her success is extremely gratifying to the members of her Alumnae Association who recently gave a reception in her honour and presented her with a travelling case and toilet set.

The Student Nurses Association of the School of Nursing of the Galt Hospital, Lethbridge, Alta., needed some money to carry on their activities. Under the leadership of their president, Miss Alice Pelletier, they organized this delightful garden party. And they made the money too!

WHAT THE R.N.A.O. MEANS TO ME

AMY CHURCH, Private Duty Nurse, Smiths Falls, Ont.

Recently I was asked to speak for five minutes on what the Registered Nurses Association of Ontario has meant to me as the oldest private duty nurse in our community. At first I thought: "Well, all it has meant to me is $2.00 a year for my yearly fee and it won't take me five minutes to tell them that." Then I began to think of some of the best things in my life which I have always taken for granted —my home, with its love and happiness, demanding also certain responsibilities which I gladly give nor find the price too high. My town with its law and order, its safety and service, for which protection I pay a reasonable property tax leaving the actual work to be done by someone else and only reserving the right to holler loudly and demand explanations from those who do do it if perchance it's not done to suit me. And I thought it might be so with the R.N.A.O., so I looked into the matter and I find the R.N.A.O. like a mother shielding my interests, giving me a place of my own in my profession and Open Sesame to every country where nursing is known and recognized; planning new ways of keeping me abreast with all the newest and best in my work through the *Journal;* stimulating my interest and broadening my outlook through its conventions and meetings.

I find the R.N.A.O. as law and order, on guard lest those who know little of our problems start a dictatorship over us in parliamentary circles; protecting our right to make or help make our own laws. I find it on guard, in my interest, in disaster and emergency making sure that the qualified nurse gets her rightful chance and place. On guard for my future and independence, working out a system of insurance that will guard the need of the pocket book of the nurse of today. On guard for our opportunities and ambitions with its Permanent Education Fund where I may get financial help if I wish to forge ahead to wider fields and larger salaries (which unfortunately I am too old and too lazy to do).

By this time I had decided that the R.N.A.O. is worthy of my best support — and I do not grudge it my two dollars a year.

Department of Private Duty Nursing

NURSING CARE OF DIABETIC PATIENTS

GERALDINE WEBSTER, B.A., B.Sc.N., Reg. N., Supervisor, Division of Metabolism, Victoria Hospital, London, Ont.

The nursing of diabetic patients requires the same skill and diplomacy as is necessary in the care of any medical or surgical case. The diabetic is subject to the same acute and chronic illnesses as the non-diabetic. Most diabetic patients, especially the middle-aged or elderly, have one or more complicating or associated conditions such as cardio-vascular disease, acute infections, eye conditions or anaemia. Thus, in many respects, the attention which has to be given to the diabetic does not differ from that of the non-diabetic patient. But there are additional features peculiar to the nursing of diabetics which deserve special consideration.

Patients with diabetes fall into two main classes, namely, chronic cases and acute cases. Diabetes is, of course, a chronic disease but when we speak of chronic diabetes, we refer to the patient without a major complication. Acute diabetes implies an acutely ill patient. In the care of the chronic diabetic, efficient treatment includes acquiring control of the diabetes and the education of the patient and those responsible for his welfare. Education is an important part of the management. The saying "once a diabetic, always a diabetic" is so true that the individual must be taught how to live the "diabetic life" and his training should begin the day that he enters the hospital.

The patient should be sufficiently instructed while in the hospital regarding the dietary routine and the administration of insulin so that when he leaves he can carry on intelligently by himself. Without such instruction, all the time, energy and money spent may be wasted. The diabetic problem is chiefly the patient's problem for it is he who must bear the responsibility of continuing the treatment. It is wise to explain the reasons why certain procedures are carried out. Frankness gains the confidence of the patient. If he understands one's motives, he relies on one's judgment in prohibiting foods other than those supplied on his tray. Also, the routine of the collection of twelve-hour specimens gains importance in his mind if he understands their significance. Likewise, blood sugar tests cease to be a needless menace to his comfort if he is aware that they serve as signposts on the road to recovery.

Honesty and accuracy are bulwarks for a diabetic. Any deviation from the prescribed routine of treatment tends toward carelessness which is certain to increase with time. The gravest mistakes occur in the cases of children and young adults. Unless the most rigid management is instituted early, the disease may become severe The child must learn about the disease and its ways and he must develop judgment in the management of himself. He must see that it is to his advantage to play the game. Diabetic children are precocious but they must be guided in the control of diet, exercise and insulin if they are to grow up to be useful citizens.

The mental attitude of the patient is a most important factor. If worries, domestic, financial or otherwise, harass the patient, the work of the physician, the nurse and the dietitian is greatly discounted. The patient must be surrounded with an atmosphere of intelligent optimism. Emotional disturbances have been

Presented as part of a symposium on diabetes at a Refresher Course arranged by District 1, Registered Nurses Association of Ontario, in London, March, 1936.

found to be the chief cause for delayed metabolism of food and must be avoided, especially at meal times.

General Care

Special attention must be given to the diet, insulin treatment and the regulation of exercise. Personal hygiene, oral hygiene, care of minor infections, abrasions and accidental bruising are also of great importance.

The food trays must be attractive, accurate and served on time. Every patient is supplied with a diet list for each meal which is calculated with a consideration of his likes and dislikes. This diet list is checked with the tray as it is served by the nurse. The patient also checks the tray when it comes to him. In this way he acquires a knowledge of the amounts of foods which are permissible. This routine lessens the likelihood of errors.

The intake of water for the average diabetic case should be 2000 c.c. daily. If the patient be suffering from a slight infection, or any minor disability, the quantity of fluid should be increased to 4000 c.c. A pitcher of water should be at the patient's bedside at all time and he should be encouraged to drink.

The collection of urine is best accomplished by obtaining two twelve-hour specimens daily, for example, from 8 a.m. to 8 p.m. and from 8 p.m. to 8 a.m. A complete urine analysis should be performed at least once a week.

Blood sugar estimations are done routinely twice a week, on Mondays and Thursdays. A fasting blood sugar test is taken before insulin and breakfast; four hours after the morning dose of insulin a second blood sugar test is secured in order to determine the effect of the meal and the insulin. In the case of a patient who is not receiving insulin, the blood sugar test is taken one and a half hours after breakfast. The results of these tests are valuable guides in the adjustment of the diet and the insulin dosages.

If it is necessary to care for a diabetic patient on a general ward, the patient as well as each nurse must be impressed with the importance of collecting specimens accurately. His diet and insulin must have special and continual supervision and he must be protected against the generosity of other patients and visitors with regard to fruit, candy, confections, chewing gum and everything which is not included in his prescribed diet. Honesty is the only policy for a diabetic; in cheating, he cheats himself and cancels the only type of life insurance which he can carry.

Elderly Diabetics

Diabetes in senile patients is inherently mild but improper treatment, carelessness, neglect, infections and toxaemias, tend to reverse this tendency. In arterio-sclerotic individuals, because of sclerosed coronary and cerebral vessels, the maintenance of a relatively high blood sugar level is advisable to facilitate the nourishment of the heart and brain. A sudden reduction of the blood sugar may precipitate myocardial failure or cerebral disturbances.

Peripheral arterio-sclerosis and defective circulation may be relieved somewhat by the moderate applications of radiant heat and the ingestion of spiritus frumenti tends to dilate the peripheral blood vessels. Contrast baths may be helpful in cases where no superficial lesions complicate the condition and exercises are beneficial to stimulate circulation. Buerger's exercises are effective in the treatment of the lower extremities. They are carried out in the following manner: radiant heat is applied for fifteen minutes, after which the feet are elevated on a Buerger board at an angle of from 60 to 90 degrees for three minutes; then they are permitted to hang over the side of the bed for five minutes or until a marked rubor has developed. While the feet are dependent, circumduction of the limbs is practised three times, flexion and extension three times and the toes are flexed and extended three times. After this, the legs are al-

lowed to rest horizontally for fifteen minutes with an electric pad in contact with the soles of the feet.

Gangrene is a frequent and often a fatal complication among elderly diabetics. The primary cause of this condition is poor circulation due to thickening of the walls of the blood vessels. Diabetes seems to aggravate and intensify these vascular changes. Gangrene is often precipitated by some slight injury. Therefore the following rules are emphasized as means for preventing the development of diabetic gangrene.

Wash the feet carefully twice a day with soap and water.

Dry carefully; if feet are soft, rub with alcohol.

The circulation may be increased by massage for five minutes with lanolin or cocoa butter or by postural exercises.

Wear clean hose without darns.

Shoes should be roomy, flexible and must not bind or rub the feet.

For the removal of corns and callouses, paint with a mixture of salicylic acid and collodion after bathing.

Cut nails straight across and avoid cutting the flesh.

If the flesh is cut or bruised, dress with clean gauze and boric and alcohol in equal parts.

Avoid burns from hot water bottles or electric pads. Use heat only when well protected, as in the use of an electric light bulb suspended in a cradle above the feet.

Exercise great care in cold weather. Since the sense of pain is diminished, heat and cold are felt less acutely.

The progress of gangrene in a diabetic patient must be closely watched. The condition may extend rapidly under the most careful treatment. Air bubbles under the skin give a crackling sensation on pressure and warn the physician of the presence of infection with the gas bacillus.

Other Complications

Neuritis is a common ailment in uncontrolled or untreated diabetics. In this complication the diabetes must be treated first. Light massage and diathermy aid in alleviating the pain.

A female diabetic will often tolerate many symptoms of the disease such as excessive thirst, polyuria, dryness of the skin and loss of weight and energy but the existence of pruritus vulvae will force her to consult a physician. The irritation subsides usually with the control of the diabetic condition. Absolute personal cleanliness and a soothing ointment relieve the local discomfort.

Another important factor in the treatment of the diabetic is care of the teeth. Dental infection tends to intensify the metabolic disorder. Periodic dental examinations are advisable. If extractions are necessary, only four or five teeth should be removed at a time and this should be done only after consultation between the physician and the dentist. Following the performance of dental surgery, the food must accommodate itself to the condition of the mouth. A soft bland type of diet without change in the prescribed values is desirable. A hot saline mouth wash used frequently promotes cleanliness and healing.

Diabetic Coma

The acute diabetic is one with some more or less alarming associated or complicating condition. This is usually diabetic coma or pre-coma, gangrene, infection (generalized or localized) or some other surgical problem. Diabetic coma is a medical emergency. All the skill and attention available is necessary for its treatment. Hospitalization is essential and the facilities of an up-to-date laboratory are indispensable. Prior to the entry of the patient into the hospital, time is saved by the use of the telephone to notify those responsible for the patient's care when he arrives. Delay in the institution of therapy in diabetic coma is probably the most important cause of the fatalities which are the result of this condition. As in surgical shock, the bed should be made with warm blankets. Hot water bottles, well protected in flannel coverings, should be placed outside the blankets or mild radiant heat may be

used to maintain the body temperature.

Solutions such as insulin, normal saline, sterile distilled water and glucose in ampoules must be at hand. Equipment in the form of syringes, blood sugar tray, intravenous and interstitial sets and materials for gastric lavage must be available as well as cardio-respiratory stimulants.

Often a blood sugar estimation is advisable before insulin treatment is employed in order to be certain of the diagnosis. The insulin dosages vary according to the age of the patient, the severity of the coma, the height of the blood sugar, the frequency of their administration and the response to the treatment. The quantity of insulin required to rescue a patient from coma varies extraordinarily. Careful observation at the bedside and in the laboratory alone can save the patient who is in coma.

Fluid can be supplied by saline solution given interstitially. Insulin and dextrose may be administered by intravenous injection using approximately one unit of insulin for each gram of dextrose, in a ten per cent solution. A gastric lavage, using a five per cent solution of sodium bicarbonate, may be necessary to relieve abdominal pain, persistent vomiting or, rarely, a dilated stomach. A simple enema will clear the lower bowel and so permit the absorption of fluid administered per rectum.

Catheterization for urine specimens is condemned due to the possibility of bladder infections. The first specimen obtained is not a reliable source of information as the urine may have been in the bladder for some time. The second specimen of urine has a value in testing for ketones but the blood sugar tests constitute the chief guide to treatment. Whenever possible, however, these should be supplemented with estimations of the CO_2 combining power of the blood. Stimulants in the form of caffeine sodiobenzoate and coramine are used if necessary in extreme cases.

When the blood sugar begins to fall or, at any rate, when the patient has recovered sufficiently to swallow and the stomach is retentive, carbohydrate is given orally in the form of ginger ale, orange juice with or without dextrose to the extent of 100 grams of carbohydrate in twenty-four hours. The patient should be encouraged to drink water, tea, coffee and clear broth, well salted, freely.

(*To be continued*)

BE ON YOUR GUARD

The *Journal* has been notified that a plausible young man, who calls himself its representative, has recently been soliciting subscriptions in Calgary, Alberta. He has also been trying to get lists of the names and addresses of nurses, probably with the intention of preparing what is known in business circles as a "sucker list." It is never safe to give lists of the names and addresses of the members of nursing organizations without first making sure that the person who asks for them is entirely trustworthy. Let us repeat once more: *we employ no agents.* If you are approached by any man who claims to represent the *Journal* ask for his name and address and notify us immediately. *Under no circumstances give him money.*

Institute of Public Hea
Faculty of Publi. Health of
University of western Onta
LONDON : CANA

Department of Public Health Nursing

SCHOOL NURSING

BESSIE WILSON, School Nurse, Kingston, Ont.

The term school nurse would give at first glance a picture of a very limited field, but contrary to this first impression she is of necessity a nurse of many specialities and must be well informed in every branch of public health nursing. In reality the school nurse of today spends about one-third of her time in the classroom; the remainder is spent in the homes and in conference with teachers and other agencies who are striving to meet the needs of the community. She is the guide and director of the health education programme in the school, and must work in close co-operation with the teacher in all projects relating to the well-being of the child.

To ensure a healthy happy nation, sound and vigorous in mind and body, the health programme must surely be begun long before the school and adolescent period, but the school may also be the medium through which this objective is gained for the future generation.

It is a far cry today from the health programme of the early days when sanitation and ventilation of the school buildings were the main topics for discussion. Communicable disease control was added later and for some time held first place in importance and, as a natural sequence, personal hygiene and correction of defects were included. Today we have a new way, with education as our basis: promoting in the child and in the community a realization of what good health is, developing a desire for it, and fostering an appreciation of its value.

The school nurse is sometimes the sole interpreter of health to her community since she is the means through which public health information becomes applied health education in the average home. Does it not therefore seem essential that she should first study herself in relation to the school-health programme? Excellent health, physical and mental, and an enthusiasm and belief in her work are necessary. A sense of values will help her to view her objectives with the needs of her particular community in mind. A sense of humour and an ability to place herself in another's shoes will sometimes gain for her an unlatched door for further contact though her cause for the present may seem to have been lost. The school nurse should have a background of education equal at least to that of the teacher, with whom she must work so closely and, through refresher courses, endeavour to keep up with new knowledge.

Her contact with the teacher is a close and natural one. She should have a sympathetic understanding of classroom problems and be able to guide and assist the teacher in all her health activities. The teacher and the nurse by combining effort will produce a more effective programme than when each is working alone.

The teacher is the logical one to teach health and, as in the case of the nurse, should possess good physical and mental health. Health teaching should be so interwoven with all the day's lessons and activities as to be a natural part in the child's life. He plays the health game because it is a pleasant thing to do and being well is a happy condition.

The teacher, by taking over such phases of the work as regular morning inspection, is assisting more fully in the practical side and therefore is better able to understand the programme and its objectives. Whenever possible the child should take his share in the health re-

(Presented at the annual meeting of the Registered Nurses Association of Ontario, April 17, 1936.)

sponsibilities because in this way practical application can be established. Good ventilation; lighting as related to position of blinds, cross-lighting; seating, as related to posture; communicable disease control — all can be part of the child's responsibilities toward his classmates. For the smaller children, proper use of the toilet, handwashing, the removal of rubbers, checking up on cleanliness and the use of handkerchiefs may give that practical application of health teaching that is so necessary. The influence of the Junior Red Cross Society is of inestimable value in establishing all these health habits.

The nurse should make sure that the teacher is aware of the physical defects and limitations of every child in her class and these she cannot fully appreciate without a knowledge of the home environment which so often is reflected in the child's behaviour. The nurse, through her home contacts, is able to carry back to the teacher a picture of Johnny's home difficulties which may alter her method of approach to the child.

The school-nurse should include the doctor's office in her visiting list. She is thus able to interpret the objectives of the school-health programme to him and to receive standing orders for his cases regarding attendance at various clinics. She may also seek information from him as to the nature of certain conditions in his small patients and thus indicate that she recognizes his place in the programme and that he is willing to co-operate. At Queen's University the school nurses have been asked each year to present the health programme and objectives of school nursing before the final year medical students.

Communicable disease control requires the full co-operation of parents, doctors, Board of Health, teachers and nurses. Parents can be taught how to detect signs of illness and how to co-operate by daily morning inspection during times of epidemic. Circulars may be sent to the homes from the school, describing early symptoms and requesting isolation of suspects. Tuberculosis is always a potential health hazard in any community. The school-nurse should know of all active cases and where there is no special worker she should endeavour to give nursing supervision to these cases and make sure that all contacts are examined periodically, working closely with the family physician.

At the beginning of each term, contact can be made with the isolation hospitals and with the Medical Officer of Health and instructions received as to what particular communicable disease to watch for.

School nursing should mean a correlation between the teacher and the home with the child as the motive for such correlation. The child should feel that mutual relationship even if he cannot express it. I think it cannot help but have a beneficial effect, especially to the handicapped child, to know that the home, his teacher and the nurse are with him, ready at all times with help and encouragement. What it must mean to timid Mary who didn't know, until the school-nurse tested her eyes, that she couldn't see the board as plainly as the others but only knew that school was "awful hard and not much fun?" If school health service does nothing else it will have justified its existence in discovering these handicaps and preventing that deadening inferiority complex which surely attaches itself to the not-understood, handicapped child.

Parents should be encouraged to meet the nurse at school. Advice thus sought is more appreciated and the parent is in a more receptive mood. However, through a home visit many lessons can be taught and contacts made with the other health and social agencies by an observant school nurse. A pre-natal lesson may be naturally given — for how can the nurse discuss the cause of Mary's poor tooth formation thoroughly without presenting to

the mother the pre-natal influence on the teeth? How can she discuss intelligently the round shoulders and rickety appearance of Johnny without probing a little into the diet and habits of Johnny's pre-school life? And how can she discuss adolescent Janey's problems without a knowledge of the recreational facilities of the community?

Mrs. A. lives just around the corner from the school. You all know the house. It sits back a little in an apologetic manner and leans slightly on its next door neighbour. We approach the door with Mary's tonsils firmly focused in our mind, fully determined to get action. Mrs. A., a pale, nervous little woman, ushers us into the clean, crowded parlour. On the floor sits four-year-old Johnny with some soiled "batting" in his ears and a nose shouting for attention. The new baby decides to postpone his protest to the world and gives us a watery smile of welcome. Our stage is set, but something is amiss. Mary's tonsils recede slightly into the background when Johnny's running ear and nose are brought to view, the new baby's crossness apologized for, and grandma's sudden "taking to her bed" made known.

When the nurse is familiar with the family physician's wishes for such cases as these, an explanation of the workings of the nose and throat clinic includes Johnny in the programme. A short thesis on why babies get cross and the address of the nearest well-baby clinic attends for the time to the new baby's wants. A promise to grandma of a visit from the "Victory Order Nurse," or other visiting nursing association leaves Mrs. A. with something to work on and the nurse with one more school-home visit to her credit.

The parent is familiarized with immunization through the school health service which brings us to the all-important subject of the pre-school child. Few communities are fortunate enough in having nursery schools. This is an ideal to keep in mind. In order to link up a complete health programme the pre-school child should be included. These are the most impressionable years and this the time when habits are formed. His importance in the plan cannot be over-estimated. Here is the key to communicable disease control and the lessening of resulting defects. Here immunization has its greatest import and here is where orthopaedic defects are most easily corrected and nutritional diseases avoided. A nurse should always be on the lookout for cases of strabismus in the young child which requires early treatment if loss of vision is to be prevented.

The kindergarten gives an early group contact, and the discovery of four-year-old Johnny's needs in the home visit has its value as an individual method of contact. A health examination and immunization against diphtheria and smallpox of every pre-school child before entering school is a goal toward which every school nurse should struggle. The introductory home visit when the child first enters school is of value as it makes for better understanding and co-operation on the part of the parents in future contacts. The mental health of the child should be the deepest concern of the school-nurse. Mental and physical health go hand in hand in the school health programme. In her contacts with school and home clubs she should bring all new agencies for preventive work along such lines to their attention. Parent study groups with a competent leader who can usually be found with some searching, in most communities where travelling mental health units have had contact, may be formed and, after a course of study, leaders for other groups created. However, the most satisfactory method of mental health teaching is in the interest that can be fostered in the parent for her child's needs. Then and then only will we have a future of healthy, well-balanced, happy men and women, able to think clearly and sanely

and able to take their places in this old world that needs just such people so badly.

A word about records. Without them there is a lack of continuity in teaching and lessening of efficiency; with them a more intelligent and even piece of health supervision is accomplished. Accurate and complete records show that what has been accomplished and also what has been left undone.

Service clubs and church organizations should be acquainted with school health service. A mutual benefit can be derived and a group consciousness toward community health inspired. Practical help may also be available toward the correction of defects. A health committee, such as a sub-committee of the Board of Education, is of value to the nurse. Here, problems of school nursing can be discussed and passed on to the Board. The nurse may explain items of her report that she wants stressed and receive real assistance and co-operation by this close contact.

In closing I quote from the *American Journal of Public Health* a few problems that have been suggested for study for the research-minded school nurse:

Causes of absences of school children.

How best to control contagious disease.

Effect of extra nourishment on underweight children.

Comparison of the health of children who live in co-operative and un-co-operative homes.

Mental health attitudes and problems as they affect the physical health of the child.

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

Scholarship

A scholarship of the value of twelve hundred and fifty dollars ($1,250) is offered by the Canadian Nurses Association for the purpose of taking a course, during the session 1937-1938, at Bedford College, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship covers the cost of tuition fees at Bedford College, and living expenses at Florence Nightingale International House.

Courses are available for either:—

1. Nurse administrators and teachers in schools of nursing.

2. Public health nurses.

Applicants must be graduates of approved Schools of Nursing and be registered in the Province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information concerning the courses may be had on request from:

The Executive Secretary
Canadian Nurses Association
1411 Crescent Street - Montreal

to whom completed applications should be returned not later than January 15, 1937, together with the necessary forms and credentials.

The award will be announced on April 1, 1937.

Department of Nursing Education

SUPERVISION AND WARD ADMINISTRATION

MARION B. BIE, Assistant Instructor, the School of Nursing of the Saskatoon City Hospital.

In any educational project, whether it be in a general or in a professional field such as nursing, a system of supervision is essential. Supervision is the controlling force which guides the plan of action and promotes the growth of the individuals involved. The same principles which apply generally to supervision are equally applicable to the field of nursing education and to that of nursing service.

Supervision must be a co-operative undertaking. Each individual must recognize the contributions she should make and the programme should be worked out on the basis of mutually understood principles. This stimulates interest and develops a sense of personal responsibility on the part of all concerned. It also encourages constructive suggestions and stimulates head nurses and students to be teachers and to pass on to the whole group any new contribution which they have to make.

Supervision must be democratic. The highest type of supervision is true democratic leadership. Because of the great responsibilities involved in nursing service ultimate control and responsibility must be definitely centralized in one person who is naturally the supervisor. But the supervisor is dealing with her intellectual peers and her position as leader must be the result of natural and rational choice because of her greater experience.

Supervision must be scientific; that is, it must be based on sound educational principles and methods. Experimentation should be used to discover the best methods of instruction and to improve the technique of nursing, instead of adhering to traditional ways. There should also be objective means of judging the effects of supervision.

Expertness in a given field, based upon broad experience, is a pre-requisite for undertaking supervision in that field. The supervisor must be an expert if she is to be the controlling force which maintains an efficient educational and nursing service; otherwise she will not be able to inspire confidence in her staff and patients. While this is basic it is not sufficient to qualify her for the position of supervisor. She must have an understanding of the principles of education and supervision which comes from special training.

From the administrative and teaching angles the position and duties of the supervisor and the head nurse must be related and co-ordinated. There should be a mutual understanding of what the responsibilities of each really are. They should work out together an administrative and teaching programme based on mutually understood principles. Their relationship should be truly democratic but it is important that control and final authority be vested in one person: the supervisor.

The supervisor has the wider scope of responsibility. She will have several wards and must analyze the whole situation and work out a programme embracing every phase of activity so as to provide adequate nursing care to all patients and adequate instructions for all students while maintaining smoothly running ward machinery.

From the point of view of administration, the head nurse usually takes the responsibility for detail. The programme itself is worked out co-operatively and the head nurse should feel that she has a definite contribution to make and understand exactly what her responsibilities are. Arrangements should be made that

one of the two is available on the ward at all times. The head nurse should be able to relieve the supervisor if need arises and thus prepare herself to assume greater responsibility.

From the teaching point of view, the same relationship must be maintained, the programme worked out together, each knowing her own responsibilities.

Preliminary Analysis

The supervisor's first activity should be an analysis of the ward units in order to determine the strengths and weaknesses and what things need immediate attention. She should then work out a plan to co-ordinate the units and to divide her activities between them. She will confer with the head nurse on each ward and work out a detailed programme to eliminate weaknesses and steadily improve the service. This survey should include:

Careful inventory of facilities and equipment with a view to establishing a standard. A survey of the ward personnel, including the nursing staff, maids and orderlies in order to see that there is sufficient staff and that each knows his or her responsibilities. It is the supervisor's duty to maintain a co-operative and democratic relationship and to straighten out any misunderstandings which may arise.

An investigation of the methods at present in use on the wards and of means to improve them. This must be a co-operative undertaking and any member of the staff should feel free to offer suggestions. The methods should be judged on the basis of safety, effectiveness and economy of time and material.

A daily programme of ward activities should be worked out each morning with the head nurse on each ward. The supervisor should arrange for relief for the busy ward from another less active ward on her service. The head nurse should be ready to send relief to other wards if the supervisor deems it necessary. Continuous supervision of the nursing service should be carried on so that each patient receives the best possible care. Provision should be made for opportunities of growth and professional development for all members of her staff particularly in developing the efficiency of head nurses.

Ward Teaching

The first essential is that the supervisor should realize her responsibility as a teacher and should understand the laws of learning and the best methods of instruction. The supervisor cannot do all the teaching so the head nurse must also realize her responsibilities and make the best use of teaching opportunities under the direction and guidance of the supervisor. Again a survey should be made of the ward content and facilities and a teaching programme worked out jointly by the head nurse and the supervisor. The supervisor will probably give the classroom instruction in medical nursing and she and the head nurse should co-operate in finding ways of correlating teaching and practice.

Some of the means of carrying out this programme for ward teaching are: Assigning patients by a system of gradation. At first the student should care for convalescent patients and gradually take over responsibility for the critically ill. Any other method of assignment is unfair to both patient and student.

By a process of rotation students should be given opportunities to nurse every type of case for the service.

By elimination of non-nursing or non-educational duties. These should be taken over by ward helpers or by supplementary graduate nurse service.

By allowing the student time to give nursing care not as a job to be done but as a patient to be nursed, and as a learning situation from which she may profit.

By arranging for case studies, nursing clinics, ward rounds and other means of stimulating the student's interest and directing and facilitating her learning.

By providing reference material and permitting its use while the students are

on duty in the wards. This is particularly important when case studies are being undertaken.

Developing a democratic relationship that will allow the students to come freely to the supervisor or head nurse for the assistance they need in their work.

By the use of scientific means of testing new methods of instruction and of judging and evaluating the student's work and the results achieved in the educational programme.

TORONTO HONOURS MISS HARTLEY

ANNIE L. CAMPBELL, Secretary, Toronto Unit, Overseas Nursing Association of Canada.

Miss Hartley, R.R.C., recently retired Matron of Christie Street Hospial and Matron-in-Chief for the Department of Pensions and National Health, was given a civic reception and made recipient of a silver tray and illuminated address by Acting Mayor Robbins, on behalf of the citizens of Toronto, as an expression of appreciation of her twenty-one years of devoted service to the Empire and its soldiers. A large number of Nursing Sisters of No. 4 Canadian General Hospital were present and also Miss Jean Gunn of the Toronto General Hospital. The text of the address follows:

To Annie Hartley, R.R.C.

Greeting:

The Council of the Corporation of the City of Toronto issued this testimonial in grateful appreciation of your twenty-one years of unselfish devotion to the care of invalid soldiers, and in recognition of your faithful and loving service during the past fifteen years as Matron of Christie Street Hospital and also as Matron-in-Chief of the Department of Pensions and National Health.

During your four years of overseas service you gained the enviable reputation of being one of the finest matrons of any hospital in the Imperial or Canadian Service, serving for twenty-two months with great distinction and amazing fortitude as Matron of the two-thousand bed hospital at Salonica which was bombed by the enemy three times a week during the first six months of its establishment.

Your decoration by His Late Majesty King George V with the Royal Red Cross and Bar for valour at Salonica, and the presentation of the most cherished award for nursing, the Florence Nightingale Medal, by the International Red Cross Society at Geneva, as well as having been twice cited in despatches, were indeed fitting recognition of your invaluable services to the Empire and have marked you out as one worthy of the highest honours in the gift of our country.

May we, therefore, as a token of the esteem and affection in which you are held by all citizens of Toronto and especially by the thousands of returned soldiers scattered throughout Canada, who knew you as their beloved friend, present you with this silver tray, suitably inscribed and also with this testimonial expressive of their feelings towards you.

It is the earnest wish of this Council and the citizens of Toronto that for many years to come, your life may be filled with happiness and with pleasant memories of a great work nobly accomplished; and that now released from the arduous duties as Matron of Christie Street Hospital you may have health and leisure to follow the pursuit of your favourite avocations.

Signed and sealed on behalf of the Corporation of the City of Toronto on this 21st day of September, 1936.

Signed:

S. McBRIDE,
Mayor.
W. D. ROBBINS,
President of Council.

Following the civic reception, the staff of Christie Street Hospital entertained at tea in the Nurses' Residence. On behalf of the nurses and doctors Miss Hartley was presented with $100.00 in gold by Dr. T. H. Carson with which to select a remembrance of her association with the hospital. Colonel C. D. McMane, District Administrator of the Department of Pensions and National Health expressed appreciation of Miss Hartley's efficiency and loyalty and conveyed to her the good wishes of every member of the staff.

COMING EVENTS

Course For Staff Nurses

The School of Nursing of the University of Toronto, in co-operation with the Department of University Extension, is planning a refresher course for hospital staff nurses. The course will include: A consideration of the topic, The Integration of Health Teaching in the Undergraduate Curriculum: (a) Integration in the field of education; (b) The content of health teaching; (c) Methods in health teaching as applied to the hospital.

This course will be given from November 3 to 12 in the School of Nursing, University of Toronto. Registration for the course will be limited to 50, with allotted enrolment from each hospital. The course will consist of lecture, demonstration, and discussion periods. If sufficient applications are not received within a reasonable time, the course will be withdrawn. Refunds of money paid can be arranged, in case of inability to attend, up to the first day of the course. No credits will be given for this work, nor will any certificate be awarded. The fee will be $3.00.

N.B.: If the registration indicates the need, repetition of this course will be considered.

This Will Be Fun

Plans have been completed for a Christmas sale and tea to be held under the auspices of the Alumnae Association of the School for Graduate Nurses, McGill University. The sale will be formally opened by the Hon. Senator Cairine Wilson on Friday, November 27, at three o'clock in the afternoon and will be continued through the evening of November 27 and the afternoon and evening of November 28. This event, the fourth in a series in support of the School, will be held in the McGill Students' Union, 690 Sherbrooke Street West, and will be under the joint convenership of Miss Mary Samuel and Miss Catherine M. Ferguson. The ballroom of the McGill Union will provide a beautiful setting for the stalls. The dining room on the first floor will be used as a tea room and Miss Mary Mathewson is the convener of this attraction. The students who are attending the McGill School will assist her, and the waitresses will be student nurses in uniform from all the English schools of nursing in Montreal. Hundreds of nurses and their friends will certainly spend part of their time in this delightful rendezvous. At the stalls will be found a good selection of all kinds of knitted articles, including men's gloves, socks and scarves. There will be found silk undies, hand-made and hand-embroidered, which are so dear to the hearts of women. Bridge covers and all the accessories for bridge, luncheon sets, tea cloths, supper cloths, first-aid sets, afghans, dolls (some dressed in student nurses' uniform), kitchen aprons, tea towels, pot-holders and toilet articles will be offered in profusion. The "Pantry Shelf" will be in charge of the public health nurses, who, of course, are good judges of home-made jams and pickles. Come and try your luck at "Beano" and visit the fortune-tellers, who will tell you strange things about your future. And before you leave try a dip in the fish-pond — wonderful value for ten cents.

Remember the dates! Remember the place! Remember the good cause!

Manitoba Listens In

The Manitoba Department of Health and Welfare is planning a series of radio talks which will extend over the winter months. Judging from the titles these will be entertaining as well as informative. Here are a few chosen at random: *Can you prove you were born?; Growing old gracefully; Shellshock in everyday life; Can you believe your own eyes?* Dramatized versions will be given of episodes in the life of the "Healthwell Family." Time and stations may be found in the newspapers and nurses may also obtain more detailed information from Miss Anna E. Wells, Bureau of Health Education.

A.R.N.P.Q. Activities

Miss E. Frances Upton, executive secretary and registrar of the Association of Registered Nurses of the Province of Quebec, announces that the headquarters of the Association will, after November 15, 1936, be located in Suite 1019, Medical Arts Building, Sherbrooke St. West, Montreal.

The executive committee of the Nursing Education Section (English Group) under the chairmanship of Miss Martha Batson has made tentative plans for its programme during the coming season and it has been decided to arrange a refresher course, on "The Special Senses." The first lecture in the series, dealing with the "Hygiene of the normal vision, eye diseases and their treatment," with special emphasis on prevention, will be given at the general meeting of the section to be held on November 9 and a series of lectures and demonstrations will be continued at a later date.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Constitution and By-Laws

At the request of the Executive Committee of the Canadian Nurses Association, the legislation committee reviewed the Constitution and By-laws of the Association for the purpose of making required revisions, and particularly revision of Article 2 "Objects", so that service to the community should be included. The proposed changes were submitted to the Federated Associations for January 1, 1936, then at the General Meeting the delegates from those Associations gave their approval to the revisions. Except for a rephrasing of Article 2 "Objects", only minor changes have been made. The Objects of the Canadian Nurses Association now are:

1. To promote national unity among nurses of Canada.
2. To elevate the standard of nursing education and practice in order to render the best type of public service.
3. To stimulate in its members an active interest in community welfare.
4. To encourage an attitude of understanding towards the nurses of other countries.

The reprinting of the Constitution and By-laws, which include the by-laws of the three national sections, has been completed and copies have been sent to the federated associations and to members of the Executive Committee. On request, single copies will be mailed to individual members of provincial associations of registered nurses.

International Council of Nurses

The eighth Congress of the International Council of Nurses is to be held in London, England, from July 19 to 24 inclusive, 1937. The International Council of Nurses is a federation of national associations of nurses. At present there are twenty-nine member organizations in international affiliation. The Council holds a congress every four years. The voting body at a congress is the Grand Council which is comprised of the Board of Directors and four delegates appointed by each national member association. The officers of the Council and the presidents of the national member associations constitute the Board of Directors. The latter body transacts the business of the Council in the interval between meetings of the Grand Council.

The Canadian Nurses Association was received into international affiliation during a congress held in London in July 1909. Since then the Association has been officially represented at each congress of the International Council of Nurses. At the forthcoming International Meeting in 1937 the Canadian Nurses Association will be represented by its full quota of official delegates. This includes the President, Miss Ruby M. Simpson, and the four members appointed at the General Meeting in 1936, who are: Miss Jean I. Gunn; Miss Grace M. Fairley, first vice-president of the Canadian Nurses Association; Miss Margaret Moag, second vice-president of the Canadian Nurses Association; Miss Jean Church, chairman of the national Private Duty Section. Meetings of the Board of Directors and the Grand Council will be held from July 12-17, 1937, in the College of Nursing, London.

The Congress Programme

The Congress programme is being prepared in four sections by the programme committee. Section One deals with nursing education; Section Two with the nursing profession and its organization and administration; Section Three with public health; Section Four with nursing problems. Further detailed information will be published when re-

ceived from the International Council of Nurses. The members of the official delegation from Canada are contributing to the Congress programme.

The Arrangements Committee has reserved the whole capacity of the Central Hall, Westminster, for the meetings of the Congress. The Central Hall is spacious, providing the large and small halls and rooms that will be required during the Congress. There is a large restaurant as well as ample cloakroom accommodation. The Central Hall is close to Westminster Abbey, the Houses of Parliament, St. Thomas's Hospital and historic St. James Park.

As hostess organization to the International Council of Nurses in 1937, the National Council of Nurses of Great Britain is making elaborate plans for the success of the Congress and for the entertainment of visiting nurses from all parts of the world.

Congress Tours

At the General Meeting in 1936, the Canadian Nurses Association decided to organize official tours for members who wish to attend the Congress in London. As the International Council of Nurses had already appointed Messrs. Thos. Cook and Son, Ltd., the official travel agents for the Congress, the Association chose the same agency in Canada to co-operate in making arangements for Canadian nurses.

The International Council of Nurses has instructed Messrs. Cook that applications from nurses in Canada who wish to enrol as members of the Congress must be authorized by the Canadian Nurses Association. Identification certificates to provide for the required authorization will be supplied by the Association as members enrol for the tours.

A splendid selection of well-located state-rooms in cabin, tourist and third class has been specially secured for the Canadian Nurses Association. Dates of sailing will allow members to reach London in time to attend the religious services which are being arranged for Sunday morning, July 18.

Itineraries for a number of post-congress tours have been planned by Messrs. Thos. Cook and Son. These are included in an illustrated booklet of information which will be forwarded on request to members of the Association. Post-congress travel will include that in Great Britain, Ireland, the Continent and Scandinavia. The privilege to enrol with the Official Tours party will be extended to friends of members of the Association who may wish to accompany the latter.

It is a foregone conclusion that trans-atlantic travel will be unusually heavy throughout 1937 and especially during the summer months, therefore, those who wish to take advantage of securing accommodation from reservations allotted to the Canadian Nurses Association should not delay in communicating with the Executive Secretary, Suite 401, 1411 Crescent St., Montreal, Quebec, from whom detailed information can be secured.

International Scholarship

The attention of the members of the Canadian Nurses Association is directed to the announcement of the International Scholarship offered by the Association which appears elsewhere in the *Journal*. It is recalled that at the General Meeting in 1936, the President requested that the members should assume personal responsibility toward drawing the attention of desirable candidates to this opportunity for a year of study as an international student while attending the courses arranged under the auspices of the Florence Nightingale International Foundation.

Correction

By error on the part of the Executive Secretary of the Canadian Nurses Association it was reported in these Notes in

the October number, page 478, that the Association of Registered Nurses of the Province of Quebec awards an annual scholarship to a French-speaking nurse to attend l'Institut Marguerite d'Youville. The scholarship is for attendance at l'Ecole d'Hygiène sociale appliquée in connection with l'Université de Montréal.

Nightingale Memorial Fund

A contribution of $5.00 to the Florence Nightingale Memorial Fund has been received from L'Association Vincentine, Sherbrooke, Que., and is hereby gratefully acknowledged.

Book Reviews

MANUAL OF BACTERIOLOGY AND PATHOLOGY FOR NURSES, by Jay G. Roberts, Ph.G., M.D., F.A.C.S., Pomona, California. Seventh edition. Revised. 272 pages with 8 plates. Cloth, $2.35. London and Philadelphia: Messrs. W. B. Saunders Company, 1936. Canadian Agents: McAinsh & Co. Limited, Toronto.

This volume deals in a somewhat elementary fashion with certain aspects of bacteriology and pathology.

SURGICAL NURSING, by E. L. Eliason, M.D., Sc.D.; L. Kraeer Ferguson, M.D.; Elizabeth Keller Lewis, R.N. 275 illustrations; 662 pages. Fifth edition. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office: 525 Confederation Building, Montreal. Price, $3.50.

In preparing the fifth edition of this book the authors have been mindful of the increasing responsibility which is being placed upon nurses in the field of surgery. The first two chapters deal briefly with inflammation and the maintenance of asepsis. Chapter Three lays special stress upon procedures commonly used in surgical nursing and Chapter Four reviews anesthesia and anesthetics. The chapters devoted to a discussion of pre-operative and post-operative care are eminently practical. Operating room technique is dealt with at some length and there is a good chapter on bandaging.

ESSENTIALS OF MEDICINE, by Charles P. Emerson, M.D., and Nellie Gates Brown, R.N. Twelfth edition, revised. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office: 525 Confederation Building, Montreal. Price, $3.50.

There is a growing tendency toward collaboration between doctors and nurses in the preparation of textbooks and this volume is an excellent example of the wisdom of this method. The authors have succeeded in emphasizing the medical aspects of each disease that demands a definite response in terms of special nursing procedures. The student will thus learn the reasons for doing things and the patient will be nursed intelligently. Much new material has been added in the process of revision.

ESSENTIALS OF A GOOD SCHOOL OF NURSING, Prepared by the Committee on Standards of the National League of Nursing Education, 50 West 50th St., New York, N.Y. 44 pages and bibliography. Price, 75 cents.

This excellent pamphlet should be closely studied by all who are responsible for teaching and administration in schools of nursing. It gives in simple language, a clear outline of what a school of nursing should be and suggests the standards by which its accomplishment may be measured. Its brevity would recommend it for use by the members of the boards of directors of hospitals; the school of nursing committee might profitably use it as a manual. One of its best features is a comprehensive bibliography. In conjunction with this pamphlet it would also be helpful to examine the *Manual of the Essentials of a Good Hospital Nursing Service*, prepared under the joint direction of the same committee of the League working with the Division on Nursing of the Council of the American Hospital Association. The price is 75 cents.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The annual meeting of the Calgary Association of Graduate (Registered) Nurses was held recently. The biennial elections resulted as follows: President, Miss F. E. C. Reid, of the Red Cross Hospital; first vice-president, Miss O. Zimmerman; second vice-president, Miss L. Altrux; secretary, Miss Ada Young, 923-13th Ave. W.; treasurer, Miss Mary Watt, Anderson Apts. The incoming officers were warmly welcomed by Miss Phyllis Gilbert, the retiring president, and Miss Reid expressed her appreciation of the fine old organization which she has been chosen to lead and promised that serious thought would be given by her to its future. The members were agreed in continuing to plan lectures for the benefit of all nurses in Calgary. A long discussion was held in regard to a local nurses registry, during which the Association went on record as being prepared to organize one whenever the required support was forthcoming. Miss Dowding, an old member, was heartily welcomed on her return after a long absence.

MEDICINE HAT: Miss Rae Fraser (Medicine Hat General Hospital, 1936) is taking a postgraduate course at the Ponoka Mental Hospital. Miss Edna Ransom (Medicine Hat General Hospital, 1935) has been doing postgraduate work at the Royal Jubilee Hospital in Victoria. Miss Alice Allan (Medicine Hat General Hospital) left recently on an extended visit to London, England. Miss Sue Neufeld (Medicine Hat General Hospital, 1935) has taken over her duties as night supervisor of the Medicine Hat General Hospital. Miss Lilias Greene (Royal Victoria Hospital, Montreal, 1925) has taken over her duties as Matron of the Medicine Hat Maternity Hospital.

BRITISH COLUMBIA

VANCOUVER: In the recent examination for Registered Nurse Certificate, held in three centres in British Columbia, 98 candidates wrote full papers; one wrote supplemental. The following results are in order of merit: *1st Class (80% and over)*—F. E. Benedict, St. Paul's Hospital, Vancouver; D. A. Oswald, Royal Columbian Hospital, New Westminster; M. S. Toms, Vancouver General Hospital; S. R. Sinclair, St. Paul's Hospital, Vancouver, and E. B. J. Stewart, Vancouver General Hospital, equal; M. Hutchinson; M. C. Finch; Sister Marie Joseph; D. L. Wright; U. F. Fawcett, I. I. Sinclair, equal; M. G. MacKenzie, W. M. Mordon, equal; M. E. Lightly, P. G. McDiarmid, equal; P. W. Gray; N. Johnson; S. C. Mewburn, L. M. Minette, equal; B. M. Slater; B. V. Plant; D. M. Baker; S. McDiarmid; I. I. Anderson; K. J. Green; A. M. McDonald. *2nd Class (65% to 80%)*—L. M. Hull; M. E. Robinson, L. C. Belecky, equal; K. I. McLean, J. A. Suffield, equal; J. McG. Fraser; E. J. Bradley, H. M. Williams, equal; V. C. Gouthro, W. M. Naven, C. M. Smedley, M. C. Gamon and D. O. Elsey, equal; G. H. Smith; R. P. Stewart; M. R. Merkel; E. M. Andrews; M. E. C. Tunbridge; E. E. Medforth, E. T. Tevine, equal; V. Forrester, G. M. Lindemere, equal; M. Harrington; B. E. Player, D. E. Williams, equal; I. M. A. Tilton; E. Ericson, M. L. Moore, equal; D. G. Cunnings; E. A. Beamish; E. B. Lercher, R. L. McTavish, equal; V. V. Shannon; D. E. Carter, J. Engelhardt, equal; L. E. Campbell, D. M. J. Rawson, H. M. Powrie, equal; S. Campbell, A. J. Gilchrist and L. Powell, equal; C. E. MacArthur; E. Morrison; P. A. Edwards, M. M. B. Ewart, equal; F. E. Manuel; K. F. Morrison; A. M. Bruhn, D. B. Austin, equal; J. I. Johns, E. L. West, equal; J. M. Chapman; K. Mataya; G. C. Gordon; C. J. Ferguson; M. R. Ward; G. H. L. Walton; N. C. Fraser; J. M. McGimpsey; I. A. Sharples; J. Stirling; Mrs. R. Hamilton, I. A. Scott, equal. *Pass (60% to 65%)*—M. M. Bawden; B. A. Strickland; F. McK. Bailey; K. Duncan; E. L. Stewart; E. Shortreed; E. A. Rankin; C. E. Ramsey. *Passed Supplemental*—B. Cornwall (1).

VANCOUVER: In order to interest the registered nurses of British Columbia in Dominion Registration, a letter has been sent to all nurses' organizations asking members to study the report of the committee, to offer suggestions and to ask questions. It is hoped to obtain a real contribution from these nurses.

Miss Christine Murray (Royal Victoria Hospital, Montreal) has been appointed instructress at the Royal Jubilee Hospital, Victoria, succeeding Miss W. M. Cook, who has returned to Montreal to accept a position on the teaching staff of the Montreal General Hospital. Miss Murray was the recipient of a scholarship given by the Nightingale Fellowship of St. Thomas's Hospital, London, to the Canadian Nurses Association in order to mark the Silver Jubilee of our national Association which was celebrated in 1934, in Toronto.

Miss Marion Street (Royal Victoria Hospital, Montreal) has been appointed instructress at St. Joseph's Hospital, Victoria. Miss Jean Davidson (Royal Alexandra Hospital, Edmonton) has accepted the position of instructress at Kelowna General Hospital, Kelowna. Miss Olga E. Belecky (St. Paul's Hospital, Vancouver) has succeeded Miss Diederick as instructor at St. Eugene's Hospital, Cranbrook.

MARRIED: Recently, Miss Una E. Lord (Royal Columbian Hospital, New Westminster) to Mr. Howard Calvert.

MARRIED: Recently, Miss Ellen Alexander (St. Eugene's Hospital, Cranbrook) to Mr. J. F. Leighton.

MARRIED: Recently, Miss Margaret Baynes (Vancouver General Hospital) to Dr. Harry Cannon.

MARRIED: Recently, Miss Margaret A. Watson (Vancouver General Hospital) to Dr. W. R. Brewster.

VICTORIA: The opening meeting of the Royal Jubilee Hospital Alumnae Association was held recently and plans were made for the ensuing year. Committees were appointed to plan for the various social functions and enthusiasm again stirred the members. The feature of the meeting was the presentation of the Alumnae Bursary to Miss Agnes McInnes, a graduate of the School of Nursing of the Jubilee Hospital. Since her graduation in 1930 Miss McInnes has done postgraduate work in maternity nursing at Montreal and has spent a year in the children's ward in the Vancouver General Hospital as well as serving as a very successful private duty nurse in Victoria. The best wishes of the Alumnae Association go with Miss McInnes as she leaves for Vancouver to attend the University of British Columbia.

MANITOBA

WINNIPEG GENERAL HOSPITAL: Sixty members of the Alumnae Association of the School of Nursing of the Winnipeg General Hospital were present at a re-union dinner held in Vancouver. Miss Mabel Gray, Assistant Professor of Nursing at the University of British Columbia, was in the chair. A British Columbia branch of the Alumnae Association was formed.

Miss P. Brownell (W.G.H., 1921) has been appointed Registrar of the Manitoba Nurses Central Directory. Miss Myrtle I. Graham (W.G.H., 1925) is now medical supervisor at the Toronto Western Hospital. Miss C. Dawson (W.G.H., 1931) has accepted a position as medical supervisor at the Winnipeg General Hospital.

The class of 1936 has placed a beautiful clock in the reception room of the Nurses' Residence.

For...

FREQUENT ANTACID MEDICATION

Where the administration of an alkali at short intervals during the day is desired, Phillips' Milk of Magnesia Tablets are preferred for ease of administration, palatability and convenience.

Each tablet equals one teaspoonful of Phillips' Milk of Magnesia.

Adult dosage:

As an antacid—
2 to 4 tablets.

As a gentle laxative—
4 or more tablets.

PHILLIPS'
Milk of Magnesia

Prepared only by
The Chas. H. Phillips Chemical Co.
WINDSOR, ONTARIO

Selling Agents:
The Wingate Chemical Co. Ltd.
MONTREAL, QUEBEC

MARRIED: On October 3, 1936, Miss M. Henderson (W.G.H., 1929) to Mr. Wm. Briscoe.

NEW BRUNSWICK

ST. STEPHEN: The annual meeting of the local chapter of the New Brunswick Association of Registered Nurses followed a supper served by the Mary and Martha Club and was attended by twenty-three members and seven guests, members of the graduating class of the School of Nursing of the Chipman Memorial Hospital. The following officers were elected: President, Miss M. McMullen; vice-president, Miss C. M. Boyd; secretary, Miss M. J. Dunbar; treasurer, Miss J. Murray; entertainment committee, Misses R. Caldwell, G. A. K. Moffat and I. Sherrard; representative to *The Canadian Nurse*, Miss F. M. Cunningham; registry, Misses G. A. K. Moffat, M. McMullen, L. Kaine, R. Madson, N. McCullough and B. Gale. Miss Bertha Dow, who has been professionally engaged in St. Andrews, during the summer, has accompanied her patient to Montreal. Miss Inez Holt of the staff of the Children's Memorial Hospital, Montreal, has returned to her duties after spending her vacation in St. Stephen.

MARRIED: On June 27, 1936, Miss Susan Dalzell (C.M.H., 1926) to Mr. N. L. Pellegrini.

MARRIED: On August 11, 1936, Miss Nita Edgar (C.M.H., 1932) to Mr. James A. Mellick.

ONTARIO

ONTARIO DEPARTMENT OF HEALTH: Miss Bertha E. Johnson of the Provincial Department of Health has been transferred from Stormont County in the Eastern Ontario Health Unit to the supervisory staff.

Miss Maude Reesor has accepted an outpost position with the Ontario Red Cross. Miss Reesor, who is a graduate of the Mack Training School, St. Catharines, and the University of Toronto Public Health Nursing course has been engaged in special work with Dr. F. F. Tisdall for the past year. Previously she was on the staff of the Niagara Peninsula Sanatorium.

Miss Annie G. Moore, one of Ontario's pioneer school nurses, resigned her position in Guelph recently. She will be succeeded by Miss Hazel Dennis, who is a graduate of Guelph General Hospital and the University of Western Ontario Public Health Nursing Course.

Miss Christina D. Keith has succeeded Miss Dennis at Haileybury. Miss Keith had her nursing training at Toronto General Hospital and the public health course at the University of Toronto, 1930-31.

Miss Minnie Hackett, a graduate of St. Boniface Hospital and the University of Toronto Public Health Nursing Course, 1936, has accepted the position of public health nurse for the townships of North and South Dumfries and the village of Ayr.

Miss Rolande Blais has resigned her position at Penetanguishene.

DISTRICTS 2 AND 3

BRANTFORD: Miss Helen L. Potts, superintendent, Woodstock General Hospital, attended the American Hospital Association convention held recently in Cleveland. Miss Dora H. Arnold of the staff of the Brantford General Hospital is taking the course for teachers and administrators at the School of Nursing of the University of Toronto. The Brantford General Hospital and the School of Nursing have suffered a great loss in the sudden death of Dr. E. Reginald Secord, who for many years was lecturer in surgery.

MARRIED: On September 19, 1936, Miss Ruby Ferguson (B.G.H., 1931) to Mr. Chas. Black.

MARRIED: On September 11, 1936, Miss Elva Bunn (B.G.H., 1923) to Mr. Thos. A. Hewitt.

MARRIED: Recently, Miss Annie M. Troughton (B.G.H., 1930) to Mr. A. Knowles.

WOODSTOCK: Miss Vida Burns of the nursing staff of the Westover School, Middlebury, Conn., spent a few days with friends. Miss Margaret Grieves, for the past thirteen years with the local Victorian Order, has resigned. Miss Rutherford, of Hamilton, has joined the local Victorian Order staff.

DISTRICT 4

NIAGARA FALLS: On October 3, at the Niagara Falls General Hospital, about one hundred and fifty members of District 4, Regis-

OVALTINE TONIC FOOD BEVERAGE

An invaluable aid to nursing mothers. Easily and quickly digested. Wholesome and delicious. Mix two or three teaspoonfuls in milk—hot or cold.

AT DRUGGISTS AND GROCERS

tered Nurses Association of Ontario, gathered from Hamilton, St. Catharines, Niagara Falls and Welland. Reports of committees were submitted by conveners. Miss Jean Souter reported that a substantial sum had been added to the Permanent Education Fund as the proceeds of a concert held recently. Miss Sheridan and Miss Schiefele gave interesting reports of the Biennial Meeting in Vancouver. The guest speaker was Miss Baker, of London, who gave a very illuminating paper on the private duty nurse and her problems, stressing the importance of organization in that particular group. She reported that in London the eight-hour duty system has proven successful and unemployment among nurses has decreased. Hospital calls have increased sixty per cent during the ten months since the adoption of the system. Tea was served by the members of the Alumnae Association of the School of Nursing of the Niagara Falls General Hospital.

HAMILTON GENERAL HOSPITAL: Miss M. Blackwood, a graduate of the Hospital for Sick Children, Toronto, has been appointed supervisor of the Children's Wing of the H.G.H. Miss Irene Mayall (H.G.H., 1935) has been appointed to the outpatients' department, H.G.H. Miss Mary Langford (H.G.H., 1926) has resigned her position on the staff of the H.G.H., and Miss Edith Bingeman (H.G.H., 1931) has been appointed in her place. Miss Margaret Farmer (H.G.H., 1932) has been appointed as charge nurse in Ward 2, H.G.H. Miss Mary Dyment (H.G.H., 1932) has been appointed to Ward 1 as charge nurse. Miss Ivy Buscombe has been transferred from the staff of Mount Hamilton Hospital to the staff of the H.G.H. Miss Gladys Demoulin has resigned her position as a member of the H.G.H. staff. Miss Monica Nugent (H.G.H., 1930) has been appointed to the staff of the Victorian Order of Nurses in Kitchener.

MARRIED: Recently, Miss Madge Conachie (H.G.H., 1926) to Mr. Thomas Hay.

MARRIED: On August 13, 1936, Miss Evelyn Teeter (H.G.H., 1927) to Mr. Albert P. Fenton.

MARRIED: On August 20, 1936, Miss Gertrude Derbecker (H.G.H., 1931) to Mr. Clarence Schweitzer.

MARRIED: On September 5, 1936, Miss Reta Powell (H.G.H., 1930) to Mr. Edward Gordon.

MARRIED: On September 22, 1936, Miss Florence Bairstow (H.G.H., 1929) to Mr. Albert E. Duxbury.

MARRIED: Recently, Miss Hilda F. Pugsley (H.G.H., 1930) to Mr. Edward C. Champ.

McGILL UNIVERSITY
SCHOOL *for* GRADUATE NURSES
Session 1936-37

One year courses leading to certificates are offered to graduate nurses who wish to prepare themselves for:

Teaching and Supervision in Schools of Nursing

Administration in Hospitals and Schools of Nursing

Public Health Nursing

For information apply to:
School for Graduate Nurses
McGill University, Montreal

REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in November.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

A. M. MUNN, Reg. N.
Parliament Buildings, Toronto

MARRIED: Recently, Miss Catherine E. Wyatt (H.G.H., 1934) to Mr. Charles L. Dunsdon.

MARRIED: Recently, Miss Gretchen Ott (H. G.H., 1933) to Mr. Edward Ettles.

MARRIED: On June 3, 1936, Miss Margaret McAllister (H.G.H., 1932) to Dr. John Kyles.

MARRIED: On September 26, 1936, Miss Evelyn Ross (H.G.H., 1933) to Mr. Douglas Moore.

HAMILTON: ST. JOSEPH'S HOSPITAL: The following marriages took place recently:

MARRIED: On August 31, 1936, Miss Kathleen Dowling (St. J.H., 1930) to Mr. John Beaudain.

MARRIED: On September 5, 1936, Miss Mabel Clifford (St. J.H., 1928) to Mr. Joseph O'Day.

MARRIED: On September 8, 1936, Miss Edith Leith (St. J.H., 1930) to Mr. Paul Maschel.

ST. CATHARINES: The annual meeting of the Mack Training School Alumnae Association was held recently with Miss Nora Nold presiding. The election of officers resulted as follows: Honorary presidents, Miss Hughes, Miss Kelman, Miss Wright; president, Miss Stella Murray; first vice-president, Miss Edith Richardson; second vice-president, Miss Florence McArter; secretary, Mrs. Cameron; treasurer, Miss Agnes Ebbage; social convener, Miss Louise Kattmier; visiting nurse, Miss Nell Hodgins, *The Canadian Nurse* correspondent, Miss Jeannette Hastie; *The Canadian Nurse* representative, Miss Gladys Ridge; programme convener, Miss Helen Brown. Miss Margaret Kelman, a faithful member of our Alumnae Association, was made one of the honorary presidents. Mrs. Cameron expressed the appreciation of the Association to the retiring president, Miss Nora Nold, for her great interest in the work during the past three years.

DISTRICT 5

TORONTO: GRACE HOSPITAL DIVISION: Mrs. Elizabeth Duff (G.H.D., 1920) has accepted the position of night supervisor at the Welland County Hospital. Miss Helen Lane (G.H.D., 1931) has been appointed night supervisor at the Guelph General Hospital. Miss Marian Wylie, who was home recently on leave of absence from Talara, Peru, has now gone to the Dutch West Indies. This is the seventh national flag under which Miss Wylie has nursed. Recent visitors included Miss Ruth Kenny (G.H.D., 1920) and Mrs. Willhemina Davis (née Jones, G.H.D., 1919), both of Miami, Florida.

MARRIED: Recently, Miss Irene Carpenter (G.H.D., 1933) to Dr. James Miller.

MARRIED: Recently, Miss Arvella Carnegie (G.H.D., 1928) to Mr. Joseph Hancock.

MARRIED: Recently, Miss Nellie Allibon (G.H.D., 1928) to Mr. Joseph Rouse.

MARRIED: Recently, Miss Verna Young (G.H.D., 1927) to Mr. Cecil Carscadden.

TORONTO: ST. MICHAEL'S HOSPITAL: Miss Florence Roach (St.M.H., 1931), who for the past three years has been instructress of nurses at St. Joseph's Hospital, Hamilton, has accepted a similar position at St. Boniface Hospital, St. Boniface, Man.

MARRIED: Recently, Miss Katherine McAuliffe (St.M.H.) to Mr. J. C. McAlpine.

MARRIED: Recently, Miss Irene Martin (St. M.H.) to Mr. E. McLelland, B.A.

MARRIED: Recently, Miss Jean Davidson (St. M.H.) of the St. Elizabeth Nursing Staff, Toronto, to Dr. M. O'Connor.

DISTRICT 7

BROCKVILLE: The quarterly and regular meeting of District 7, R.N.A.O., was held on September 12, 1936, in the nurses' residence of the Ontario Hospital, Brockville. Miss Bliss, superintendent of the Chambers Memorial Hospital, Smiths Falls, presided. His Worship Mayor Comstock welcomed the delegates and Dr. C. S. Tennant, Superintendent of the Ontario Hospital, spoke briefly on nursing conditions as they exist today. In concluding his message of welcome, he extended an invitation to the delegates to visit the hospital. At the morning session Miss Amy Church, of Smiths Falls, gave an excellent paper on "What the Registered Nurses Association means to me, as one of the oldest registered nurses in the District." At the afternoon session Miss Jean Church, of Ottawa, who is chairman of the national Private Duty Section and also of the provincial private duty section, gave an interesting outline of the private duty

section meeting in Vancouver, including in her address "The report of the committee on functions and standards in private duty nursing." Donald E. Lewis, K.C., gave an address on the important subject of "Some aspects of the Law as it would affect the Nursing Profession," dealing with such subjects as wills, witness, contract of service, deferred payment and investment. At the conclusion of the meeting the delegates were invited to the spacious living room where the nursing staff of the Hospital were hostesses at the tea hour. Miss Baillie, Superintendent of Nurses, Kingston General Hospital, moved an appreciative vote of thanks to all who assisted in making the meeting such a success. Miss Baillie extended an invitation to hold the January meeting at the Kingston General Hospital; this invitation was unanimously accepted.

KINGSTON: The following marriages have taken place recently:

MARRIED: On August 22, 1936, Miss Ethel Derry (K.G.H., 1932) to Mr. Stanley B. Stewart.

MARRIED: On September 28, 1936, Miss Doris Johnston (K.G.H., 1935) to Mr. Arthur Bayne.

MARRIED: On September 5, 1936, Miss Myra Belle Woodruff (K.G.H., 1931) to Mr. George Caldwell.

MARRIED: On August 26, 1936, Miss Mossalene Burt (K.G.H., 1931) to Mr. Gordon Black.

MARRIED: On August 18, 1936, Miss Sarah Clark (K.G.H., 1933) to Mr. F. Gardiner.

SMITHS FALLS: The graduating exercises of the School of Nursing of the Chambers Memorial Hospital were held recently. Mr. Henniger addressed the class and Miss Bliss, superintendent of nurses, administered the Florence Nightingale Pledge. The general proficiency prize, donated annually by the Medical Association of Smiths Falls, was presented to Miss A. Campbell by Dr. H. H. Kerfoot. The following officers of the Nurses Alumnae of Chambers Memorial Hospital have been elected for the coming year: Honorary president, Miss M. F. Bliss; honorary vice-president, Miss Margaret Clark; president, Mrs. Grant Gray; vice-president, Mrs. Arthur McCaw; secretary-treasurer, Miss Grace Gore; *Committees: social*, Mrs. Heber Johnston, Mrs. Wm. Leeson, Miss Mabel Hart, Mrs. Harry Scott, Miss Anna Campbell; *flower*, Miss Margaret Finley, Mrs. Alfred Weston, Miss Gerlena Whiten.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: Miss Bee McKerracher (O.C.H., 1931) has been appointed to the staff of the Ottawa Civic Hospital as Ward Instructor. Miss McKerracher has spent most

"ANTI-COLIC" Rubber Caps, No. 150
Keep Baby's Food Sanitary

Make Bottles LEAK-PROOF in any position

Tab makes it easy to put Cap on or off.

The Air-tight Closure protects Contents and Rim of Bottle from dust and germs.

Made by
Seiberling Rubber Co.
Toronto, Ont., Canada

(Amber Pure Gum)
at All Drug Stores
Hospitals Supplied by Wholesale Houses

(Free Sample to Nurses and Hospitals in Canada)

CASH'S Woven names

IDENTIFICATION
IS EASY WITH
CASH'S WOVEN NAMES
Sewn on or attached with Cash's No-So Cement. Most hospitals, institutions and Nurses use them in preference to all other methods. From your dealer or
CASH'S
236 GRIER ST. - BELLEVILLE, ONT.

CASH'S NAMES | 3 doz - $1.50 6 doz - $2.00 NO-SO Cement
9 doz - $2.50 12 doz - $3.00 25¢ a tube

"IT'S SMART TO BE THRIFTY"

FURS

Special Concession to Nurses

SELECT YOUR COAT NOW WHILE PRICES ARE STILL LOW AND THE SELECTION AT ITS BEST

TERMS TO SUIT YOUR CONVENIENCE

YOUR OLD COAT TAKEN IN EXCHANGE AT A LIBERAL ALLOWANCE

SPECIAL LOW PRICES IN EFFECT ON REPAIRS AND REMODELLING

ARTHUR'S LIMITED
EXCLUSIVE FURS
1171 ST. CATHERINE STREET WEST
(Corner Stanley St.)

of her time since graduation in postgraduate work, having taken a course in orthopedic surgery at the Shriner's Hospital, Montreal, in 1932. She also took a course in mental nursing and hygiene at the Ontario Hospital, Whitby, in 1933, and the public health course at the School of Nursing of the University of Toronto in 1934-35. Miss McKerracher should be well qualified to fill this position.

Miss Alison Dickison of the staff of the Ottawa Civic Hospital is absent on extended leave and is spending some months abroad.

OTTAWA GENERAL HOSPITAL: The Ottawa General Hospital Alumnae Association held its first meeting of the season on October 3. Miss Clark gave an interesting report of the Biennial Meeting held in Vancouver. Miss Rose Idele Pilon (O.G.H.) has enrolled in the Public Health Course at the University of Montreal.

MARRIED: On June 20, 1936, Miss Margaret Munroe (O.G.H., 1928) to Dr. Sylvester Grimes.

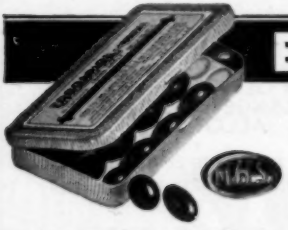
OTTAWA: Miss Elizabeth Smellie recently entertained the Ottawa Unit of the Overseas Nursing Association at the Chelsea Club on the occasion of their final meeting for the year. The annual dinner will be held on November 11 at the Chelsea Club.

Miss Mary Maguire entertained the Ottawa Unit of the Overseas Nursing Association at the Tecumseh Golf Club in honour of Miss Della Macgregor, retiring superintendent of the Ottawa District Victorian Order of Nurses. Miss Macgregor was the recipient of a handsome umbrella from members of the Unit.

DISTRICT 9

NORTH BAY: The annual meeting of District 9, Registered Nurses Association of Ontario, was held recently at St. Joseph's Hospital, North Bay. Delegates from Sault Ste. Marie, Sudbury, Gravenhurst, Timmins, New Liskeard and North Bay were present. Miss E. Elizabeth Smith, of New Liskeard, presided as chairman and chose for the subject of her address "Signs of Progress." Miss Robena Buchanan, of Gravenhurst, the secretary-treasurer of the district, presented a most encouraging report which showed that the district continues to make marked progress. The activities of the various Chapters of the district were presented by Miss Kathleen MacKenzie, Miss Mae Bugera, Miss Rossie Densmore, Miss Sylvia Howard, Miss Kruger and Miss Ethel Shannon. The conveners of the special committee reported as follows: membership, Miss Jane Smith, Gravenhurst; public health, Miss Robena Buchanan. The guest speaker was Miss Margaret Jamieson, of Brantford, who delivered a most inspiring address dealing with the development of nursing education through the centuries. At the banquet which took place in the evening, Mr. W. J. Neale, of North Bay, gave a most interesting address in which he summarized the political ideals expressed in "Fascism, Naziism and Communism." Among the out-of-town delegates were Miss Lillian Goatbe and Miss Alice McGregor, of Sault Ste. Marie; Rev. Sister St. Philip, Rev. Sister Oliver and Miss Jane Thomas, of Sudbury. All those who have held office for the past year were re-elected, viz.: Miss H. Elizabeth Smith, of New Liskeard, chairman; Miss Jane Smith, of Gravenhurst, vice-chairman, and Miss Robena Buchanan, of Gravenhurst, secretary-treasurer. Miss Helen Jordan was elected chairman of the nominating committee, and Timmins was named as the place of meeting for 1937.

The councillors for the coming year are: Miss Elizabeth Gordon, Sault Ste. Marie; Miss Florence Farr, Timmins; Miss Alice Quinlin, North Bay; Miss Jane Thomas, Sudbury; Mrs. Joyce Stevens, New Liskeard; Miss Sylvia Howard, Gravenhurst. The conveners of the various committees are: *private duty*, Miss



ERGOAPIOL (SMITH)

A Menstrual Regulator . . .

When the periods are irregular, due to constitutional causes, Ergoapiol (Smith) is a reliable prescription. In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

Dosage:
1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules. Literature on request.

MARTIN H. SMITH CO. **New York, N. Y.**

Mary Delaney, Sault Ste. Marie; *nursing education*, Rev. Sister St. Irma, North Bay; *finance*, Miss Katherine McKenzie, North Bay; *publication*, Miss Lillian Goatbe, Sault Ste. Marie; *programme*, Miss H. E. Smith, New Liskeard; *membership*, Miss Jean Smith, Gravenhurst; *The Canadian Nurse*, Miss Sylvia Howard, Gravenhurst.

QUEBEC

MONTREAL: CHILDREN'S MEMORIAL HOSPITAL: Miss Dora Parry, assistant superintendent of nurses, has returned from a two months' holiday spent in England.

MARRIED: On September 19, 1936, Miss Jean Argue (C.M.H., 1930) to Mr. Harold E. Buck.

MARRIED: Recently, Miss Florence Atkinson (C.M.H., 1930) to Mr. Philip Griffin.

MARRIED: Recently, Miss Priscilla Benning (C.M.H., 1934) to Mr. Miller Peart.

MARRIED: Recently, Miss Mary Gill (C.M.H., 1933) to Mr. Max Schneyder.

MONTREAL GENERAL HOSPITAL: The following M.G.H. graduates have received scholarships for a year's work in the School for Graduate Nurses of McGill University: Miss Catherine P. Small, 1926; Miss Winnifred E. King, 1930; Miss B. Elizabeth Steele, 1932; Miss Ethel Grindley, 1935. Miss Bernice Underhill (M.G.H., 1932) has been appointed to the staff of the Western Division as an assistant to the night supervisor.

MARRIED: On August 12, 1936, Miss Edith Marshall (M.G.H., 1932) to Dr. Arnold B. Rilance.

MARRIED: On August 29, 1936, Miss Isabel Maude McMann (M.G.H., 1927) to Dr. John D. Hope.

MARRIED: On Sepetmber 5, 1936, Miss Mary Isobel Ross (MG.H., 1934) to Mr. James L. Stewart.

ROYAL VICTORIA HOSPITAL, MONTREAL: At the October meeting of the Alumnae Association, the speaker of the evening was Dr. C. F. Martin, who gave an interesting lecture on "Magic Medicine." During September we were pleased to have Miss Scrimgeour, from Australia, with us for a short visit. Miss Katherine MacLennan has returned to the Royal Victoria Hospital staff. Miss G. L. Yeats, Miss J. Riley and Miss T. McKenzie are attending the School for Graduate Nurses at McGill University.

QUEBEC: The Jeffery Hale's Hospital Alumnae Association recently held a reception in honour of Mrs. Barrow, former superintendent of the Hospital, and Miss Imrie, former superintendent of the Cameron Maternity, to which old friends, doctors, the Governors and their wives were invited. In the absence of the

Have You These
NEW
NURSING TEXTBOOKS?
CARTER'S - Microbiology & Pathology
ROE'S - - - Principles of Chemistry
We will be glad to assist you in the selection of the most useful nursing textbooks.
McAinsh & Co. Limited
Dealers in Good Books Since 1885
388 YONGE STREET - TORONTO

The Central Registry Graduate Nurses
Phone Garfield 0382
Registrar:
ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

THE
Manitoba Nurses' Central Directory
Phone 72 151
214 BALMORAL STREET
Winnipeg, Man.

MONTREAL GRADUATE NURSES' ASSOCIATION REGISTER
Nurses Called Day or Night
Telephone PLateau 7841
KATHLEEN BLISS, Reg. N., Registrar,
1230 Bishop St., MONTREAL, P.Q.
Club House Phone PL. 3900.

The Central Registry of Graduate Nurses, Toronto
Furnish Nurses at any hour
DAY OR NIGHT
Telephone Kingsdale 2136
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO
HELEN CARRUTHERS Reg. N.

president of the Association, Miss Young presented large framed photographs of Mrs. Barrow and Miss Imrie to the Governors of the Hospital, in memory of their untiring and devoted service. Dr. Delaney, superintendent of the Hospital, speaking on behalf of the Governors, expressed appreciation of the graceful act of the Association in giving these portraits of two highly valued members. Miss Armour, superintendent of nurses, also expressed her appreciation. Mrs. Barrow and Miss Imrie were presented with corsage bouquets and both returned thanks for the honour extended to them.

Mrs. MacGowan (Miss Weatherbie, J.H.H., 1929) and Miss Fryers (J.H.H., 1932) recently visited old friends and classmates. Miss N. Martin (J.H.H., 1929), supervisor of the Cameron Maternity, has resigned and has been replaced temporarily by Miss Christie (J.H.H., 1936). Miss Woolley (J.H.H., 1935), supervisor of the O.S.P., has been replaced by Miss Rand (J.H.H., 1936).

THREE RIVERS: At a recent meeting of L'Association des Gardes-Malades Graduées de l'Hôpital Saint-Joseph, Trois Rivières, the executive committee was appointed as follows: Mesdemoiselles Gilberte Gauthier, president; Anna Laurendeau, vice-president; Antoinette Landry, treasurer; Gilberte Boisvert, secretary. *Councillors*: Mesdemoiselles Emma Rondeau, Gabrielle Aubry, Alice Cloutier.

SASKATCHEWAN

REGINA: The Regina branch of the Saskatchewan Registered Nurses Association held a meeting on October 1, at the Regina General Hospital, with a good representation. Miss Iris Prior's resignation as president, having been accepted, Miss M. MacRae, acting president, presided. Miss Prior has accepted a position on the Moose Mountain Indian Reserve, near Carlyle, Sask. Instructive and entertaining reports were given by the delegates to the Biennial Meeting held in Vancouver. Miss Helen Wills gave an excellent report on the evening sessions and spoke enthusiastically about the manner in which the various entertainments were provided for the visiting delegates. Miss Margaret MacRae's report was of the afternoon sessions and was of great interest as she gave a short synopsis of the addresses given. Miss Ruby Simpson gave a concise and clear report of the business sessions. A special meeting of the private duty section is to be called to study and discuss an eight-hour day for special nurses in hospitals only. Copies of the report of the Committee on Functions and Standards in Private Duty Nursing are being distributed for study and discussion at a later date.

Miss Ada M. Hubbell has assumed her new duties as School of Nursing adviser and registrar, and has moved into a new office at 1761 Scarth St., Regina, Sask.

MARRIED: On March 7, 1936, Miss Grace Barber (R.G.H., 1932) to Mr. Robert Deverell.

MARRIED: On September 5, 1936, Miss Marion Hastings (W.G.H., 1929) to Rev. Frederick P. Clark.

SASKATOON CITY HOSPITAL: MARRIED: On October 9, 1936, Miss Laura Ida Walker (S.C.H., 1926) to Mr. John Stephenson.

OBITUARY

ASHTON—On July 6, 1936, the death occurred of Margaret Galey, wife of Dr. F. B. Ashton, Highland Park, Michigan, U.S.A.

BAITZ—On October 6, 1936, at her home in Union City, New Jersey, U.S.A., the death occurred of Mrs. Charles Baitz (Audrey Wilson), a member of the class of 1927 of the School of Nursing of the Ottawa Civic Hospital.

JOHNSON—On August 20, 1936, the death occurred in the Winnipeg General Hospital of Aurora Johnson, a member of the class of 1933 of the School of Nursing of the Winnipeg General Hospital.

RYAN—On August 15, 1936, the death occurred of Muriel Ryan, a member of the class of 1932 of the School of Nursing of the Ottawa General Hospital.

Official Directory

International Council of Nurses

Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland.

CANADIAN NURSES ASSOCIATION

Officers

President.....Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President.....Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President.....Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary.....Miss E. J. Wilson, 592 Henderson Highway. Winnipeg, Man.
Honorary Treasurer.....Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Platts, P.E.I. Hospital, Charlottetown; (3) Miss M. Wilson, Dept. of Public Health, Charlottetown; (4) Miss H. Solomon, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss E. Amas, City Hospital, Saskatoon; SECRETARY: Miss E. F. Upton, 1396 St. Catherine Street West, Montreal; TREASURER: Miss A. J. MacLeod, General Hospital, Vancouver.

COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. J. MacLeod, General Hospital, Vancouver. **Manitoba:** Miss E. Mallory, The Children's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss V. I. Winslow, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, Toronto Western Hospital, Toronto. **Prince Edward Island:** Miss F. Platts, P.E.I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon

PRIVATE DUTY SECTION

CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; VICE-CHAIRMAN: Mrs. F. V. Kennedy, 1307-1st Street West, Calgary; SECRETARY-TREASURER: Miss H. E. Wills, 2840 Robinson Street, Regina.

COUNCILLORS: **Alberta:** Mrs. M. Tobin, 385-4th Street, Medicine Hat. **British Columbia:** Miss E. Paulson, 432 Ash St., New Westminster. **Manitoba:** Miss P. Brownell, 215 Chestnut St., Winnipeg. **New Brunswick:** Miss M. McMullen, St. Stephen. **Nova Scotia:** Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss H. Solomon, Charlottetown Hospital, Charlottetown. **Quebec:** Miss L. Urquhart, Apt. 20, 1832 Lincoln Ave., Montreal. **Saskatchewan:** Miss H. E. Wills, 2840 Robinson St., Regina.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, Eburne; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss M. Wilson, Dept. of Public Health, Charlottetown. **Quebec:** Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4 St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors:* Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave. Winnipeg; First Vice-President, Miss J. Houston Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board:* Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 25, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Representative to *The Canadian Nurse*, Mrs. A. McFetridge, 71 Cambridge St., Winnipeg; Secretary-Treasurer, Mrs. S. Gordon-Kerr, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. Van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Miss W. MacLean; Hon. Sec., Sister Kenny; *Councillors:* Miss Miller, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss Moffat and Miss McMullen, St. Stephen; Miss Murdoch, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections: Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. A. Burns; *Conveners of Committees: Constitution and By-Laws*, Miss H. S. Dykeman; *Representative to The Canadian Nurse*, Miss M. Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1:* Chairman, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3:* Chairman, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4:* Chairman, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5:* Chairman, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6:* Chairman, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7:* Chairman, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary Treasurer, Miss Dorothy Driffield, Box 612, Smiths Falls; *District 8:* Chairman, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9:* Miss H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10:* Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors:* Misses F. Connolley, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors:* Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors:* Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors:* Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners: Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss H. E. Smith; Vice-Chairman, Miss Jean Smith; Sec.-Treas., Miss Robena Buchanan, Sanatarium P.O., Gravenhurst; *Councillors:* Misses E. Gordon, F. Farr, A. Quinlin, J. Thomas, S. Howard, Mrs. J. Stevens; *Conveners of Sections: Private Duty*, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Irma.

District 10, Registered Nurses Association of Ontario

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors:* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections: Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Ellen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office:* Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections: Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Julianne Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College, Montreal, Miss Katherine Jamer, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors:* Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees: Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Ada M. Hubbell, 1761 Scarth St., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Miss L. Altrux; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners: Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives:* to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners: Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council:* Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives:* to *the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee:* Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*. Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Blk., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. President, Miss S. Macdonald; Hon. Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Miss A. Hebert; Second Vice-President, Mrs. S. Walker; Corresponding Secretary, Mrs. H. Bradley, 713-15th Ave. W.; Recording Secretary, Miss E. Phelan; Treasurer, Miss M. Watt. *Executive*, Mrs. C. Choate, Mrs. Caffrey, Miss Harvey; *Committee Conveners: Press*, Miss H. Paterson; *Visiting*; Miss Whale; *Programme*, Mrs. Walker; *Membership*, Mrs. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Refreshment*, Mrs. Driscoll.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive:* Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee:* Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*. Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President. Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist-Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees: Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors:* Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill, Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St.; Treasurer. Miss W. Grice, 97 Balmoral Place; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margarson; *Press*, Miss Parkhill; *Representatives:* to *Local Council of Women*, Mrs. C. Sharkey; Press Representative for the *M.A.R.N.* and *The Canadian Nurse*. Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President. Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners: Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss P. Brownell; Second Vice-President, Mrs. J. W. Stewart. Third Vice-President, Miss K. Wilkins; Recording Secretary, Miss I. McLennan, Winnipeg General Hospital; Corresponding Secretary, Miss H. M. Ross, 200 Garfield St.; *Representative on Training School Committee*, Miss K. McLearn, Shriners' Hospital; *Committee Conveners; Membership*, Miss M. Shepherd, King George Hospital; *Alumnae Club*, Miss F. Strattan, 99 George St.; Editor of Journal, Miss Julia Moody, 99 George St.; Assistant Editor, Miss Helen Miller, Winnipeg General Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. Pollexfen, Winnipeg General Hospital; *Representative* to *The Canadian Nurse*, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel Second Vice-President, Miss M. Fillmore; Treasurer; Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan. Secretary, Miss C. Gleeson, Nurses Residence, Saint John General Hospital; *Executive Committee:* Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. F. Hanson; Vice-Pres., Miss L. Ward; Sec.-Treas.; Miss P. Palmer, Woodstock; *Executive Committee:* Mrs. Fulton, Mrs. W. Slipp, Mrs. B. Sutton, Miss Jennie Belyea; *Committees: Visiting,* Mrs. A. Wart; *Programme,* Mrs. W. Slipp, Mrs. L. Jones, Mrs. H. Hanson; *Press Representative,* Miss M. Samphier.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 7 Brookland St.; *Committee Conveners: Visiting,* Miss A. Beaton; *Finance,* Miss L. Turner; *The Canadian Nurse,* Miss C. MacKinnon.

A.A., Victoria General Hospital, Halifax

President, Miss Gertrude Crosby, 22 Morray Apts., Morris St.; Vice-President, Miss Iona Marshall; Treasurer, Miss Muriel Graham; Secretary, Miss M. L. Ripley, 303 Morris St., Halifax.

ONTARIO

A.A., Belleville General Hospital, Belleville

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss Helen Fitzgerald; Secretary, Miss M. E. McIntosh, 191 Ann St.; Treasurer, Miss E. Meeks; *Flower Committee,* Miss T. Bird; Representative to *The Canadian Nurse,* Miss M. Jury.

A.A., Brantford General Hospital, Brantford

Hon. President, Miss E. M. McKee; President; Miss H. Muir; Vice-President, Miss N. Yardley; Secretary, Miss E. Read, Brantford General Hospital; Assistant Secretary, Miss M. Hollister; Treasurer. Miss A. Goodwin; *Committee Conveners; Social;* Mrs. Drury; *Assistant Social,* Miss D. Linscott; *Flower* Misses R. Cleaves, E. Patterson, M. Pierce; *Gift,* Mrs. J. Davidson, Miss M. Patterson; *Representatives:* to *Local Council of Women,* Miss J. M. Wilson; to *The Canadian Nurse and Press,* Miss E. M. Horn.

A.A., Brockville General Hospital, Brockville

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse,* Miss V. Kendrick.

A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E Wemp; Second Vice-President, Miss M. McDougall.; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother Mary; Hon. Vice-Pres., Sister M. Consolata; Pres., Mrs. I. Salmon; First Vice-Pres., Miss M. Kearns; Sec. Vice-Pres., Mrs. F. Driscoll; Sec.-Treas., Miss M. Donovan, 113 Harvey St.; Corr. Sec., Miss M. Doyle, 92 Cross St.; *Executive:* Misses J. Ross, L. O'Neil, E. Wright, Mrs. C. Jackson; *Representative District 1, R.N.A.O.,* Miss L. Pettypiece; to *The Canadian Nurse,* Miss Y. Chauvin.

A.A., Collingwood General and Marine Hospital, Collingwood

Hon. President, Mrs. S. A. Price; President, Mrs. R. Allen; First Vice-Pres., Miss J. Hunt; Sec. Vice-Pres., Mrs. W. A. Switzer; Sec., Miss S. D. Johnston, Collingwood General and Marine Hospital; Treas., Miss B. M. Anderson; *Committee Conveners: Social,* Miss K. Hanley; *Visiting and Flower,* Miss F. McIntyre, Mrs. G. Jefferies. Meeting, first Tuesday of the month, 8 p.m.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; Representative to *The Canadian Nurse,* Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt

President, Miss A. MacDonald; Vice-President, Miss J. Belle; Secretary, Miss E. Gass, Galt Hospital; Treasurer, Miss H. McLaughlin, Galt Hospital; *Flower Convener,* Miss M. Van Dyke; *Press Representative,* Miss R. Evans.

A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss A. Stevenson; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners: Social,* Miss M. McFarlane; *Programme,* Miss A. Fennell; *Flower,* Miss I. Wilson; Representative to *The Canadian Nurse,* Miss Clara Ziegler.

A.A., Guelph Homewood Sanitarium, Guelph

Hon. President, Miss Esther Northmore; President, Miss Hilda Stout; First Vice-President, Miss Fanny Shaw; Second Vice-President, Miss Marjorie Stallibrass; Corresponding Secretary, Miss Janet M. Hill, 139 Delhi St.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss A. Schiefele; Vice-President, Miss E. Bingeman; Recording Secretary, Miss M. Bain; Assistant Recording Secretary, Miss H. Walker; Corresponding Secretary, Miss C. Inrig, Hamilton General Hospital; Treasurer, Miss G. Coulthart, 107 Fairholt Rd. S.; Assistant Treasurer, Miss J. Jackson; -Secretary-Treasurer, Mutual Benefit Association, Miss L. Watson; *Committee Conveners: Executive,* Mrs. R. Hess; *Programme,* Miss N. Ewart; *Flower and Visiting,* Miss A. Squires; *Registry,* Miss M. Ward; *Budget,* Miss H. Aitken; *Nominating,* Mrs. N. Barlow; *Representatives:* to *R.N.A.O.,* Miss J. Souter; to *Women's Auxiliary,* Mrs. J. Stephen; to *The Canadian Nurse,* Misses R. Burnett, E. Bell, J. Murray.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Irene Murray; Vice-President, Miss A. Maloney; Secretary, Miss Lena Curry, 52 North Oval; Treasurer, Miss M. Kelly; *Representatives:* to *R.N.A.O.,* Miss Jean Morin; to *The Canadian Nurse,* Miss M. Maloney, 31 Erie Ave.

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President; Mrs. W. G. Elder; Vice-President, Mrs. H. Lawlor, Secretary, Miss H. Bajus; Treasurer, Miss T. Pilley, 430½ Alfred St.; *Executive Committee:* Mrs. T. J. Ahearn, Mrs. V. Nicholson, Misses M. McCadden, J. O'Keefe; *Committee: Visiting,* Miss M. Bramah; *Social,* Misses A. Hilton, M. Birket.

A.A., Kingston General Hospital, Kingston

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-Presidents, Miss E. Duncan, Miss E. Sharp; Secretary, Miss Mary Bird, 208 York St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss Bernice Graham, 216 Princess St.

A.A., Kitchener and Waterloo General Hospital Kitchener

Hon. President, Miss K. W. Scott; President, Miss Hazel Murdoch; First Vice-President, Miss C. Mulholland; Second Vice-President, Miss F. Ludolph; Secretary, Miss R. L. Galliher, Kitchener-Waterloo Hospital; Assistant Secretary, Miss S. Ruhl; Treasurer, Miss R. Schell.

A.A., Ross Memorial Hospital, Lindsay

Hon. President, Miss E. Reid; President, Miss I. Hickson; First Vice-Pres., Mrs. Cresswell; Second Vice-Pres., Mrs. R. Moore; Corresponding Secretary, Miss D. Wilson, R.R.1, Lindsay; Treasurer, Miss D. Schofield; *Committee Convener: Social and Flower*, Miss Marguerite Hopkins.

A.A., St. Joseph's Hospital, London

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Margaret DeCou; Second Vice-President, Miss Claire Gadin; Recording Secretary, Miss Margaret Myers; Corresponding Secretary, Miss Berneice Farr, 883 Adelaide St.; Treasurer, Miss Katharine Kelleher; *Representatives to Registry Board:* Misses Cecile Slattery, Madaline Baker; *Press Representative*, Miss S e'la Gignac.

A.A., Victoria Hospital, London

Hon. President, Miss H. M. Stewart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. McLaughlin, Base Line Rd.; First Vice-President, Miss E. Swetnam; Second Vice-President, Miss C. Gillies; Recording Secretary, Miss M. Wilson; Treasurer, Miss I. Stewart, Victoria Hospital; Corresponding Secretary, Mrs. F. Dowling, 114 Wellington St.; *Board of Directors:* Misses J. Mortimer, V. Ardiel, E. Stephens, C. Fisher, Mrs. P. Allison.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. President, Miss M. Park; President, Miss V. Goodland; First Vice-Pres., Mrs. A. Sheedy; Second Vice-Pres., Miss A. Pirie; Sec.-Treas., Miss D. Scott; Corr. Sec.; Miss E. Quinn, 963 Wilmott St.; *Visiting Committee:* Misses G. Thorpe, R. Etsell, Mrs. L. Evans; *Membership:* Misses E. McCulloch, M. Kiemele; *Representative* to *The Canadian Nurse*, Miss F. Loftus.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

Hon. Presidents, Miss E. Johnston, Miss O. Waterman; President, Miss G. Adams; Vice-Presidents, Miss A. Reekie, Miss J. Quinton; Treas., Mrs. L. McKay; Rec. Sec., Miss H. Boake; Corr. Sec., Miss G. McHattie, 95 Penetang St.; *Board of Directors:* Miss S. Dudenhoffer, Miss M. MacLelland, Mrs. Kirkpatrick.

A.A., Oshawa General Hospital, Oshawa

Hon. President, Miss E. MacWilliams; President, Miss J. Stewart, 134 Alice St.; First Vice-President, Miss M. Brown, 28 Buckingham Ave.; Second Vice-President, Miss H. Darch, 13 Elgin St. E.; Rec. Secretary, Miss V. Ewers, 122 Division St.; Assist. Sec., Miss K. Hall, 43 McLaughlin Blvd.; Corr. Sec., Miss R. Armour, 16 Yonge St.; Treasurer, Miss A. Matthews, Oshawa General Hospital; *Committee Conveners: Private Duty*, Miss L. McMillan; *Programme*, Miss A. Sonley; *Representative* to *The Canadian Nurse*, Miss B. Allen.

A.A., Lady Stanley Institute (Incorporated 1918), Ottawa

Hon. President, Miss M. A. Catton; Hon. Vice-President, Miss F. Potts; President, Miss M. C. Slinn; Vice-President, Miss M. McNeice; Secretary, Mrs. A. E. Mahood; Treasurer, Mrs. N. M. Halkett, 595 Gilmour St.; *Board of Directors:* Misses E. McColl, S. McQuade, L. Bedford and M. M. Stewart; *Committee Conveners: Flower*, Miss C. Stewart; *Press*, Mrs. W. E. Elmitt; *Representative* to *The Canadian Nurse*, Miss A. Ebbs.

A.A., Ottawa Civic Hospital, Ottawa

Hon. President, Miss G. M. Bennett; President, Miss D. Moxley, 28 Woodlawn Ave.; First Vice-Pres., Miss M. Downey; Second Vice-Pres., Miss L. Barry; Rec. Sec., Miss E. Fletcher; Corr. Sec., Miss M. Morgan, 275 Powell Ave.; Treas., Miss L. Alkenbrach; *Councillors:* Misses I. Kemp, B. Graydon, M. Tanner, M Cameron, M. Carter; *Committee Conveners: Flower*, Miss D. Johnstone; *Visiting*, Miss B. Barrow; *Press*, Miss G. Moloney, 301 First Ave.; *Representatives:* to *Central Registry*, Misses D. Moxley, L. Boyle, A. Crooks, R. Alexander, E. Fletcher.

A.A., Ottawa General Hospital, Ottawa

Hon. President, Rev. Sister Mary Alban; President; Miss G. Clarke; First Vice-Pres., Miss M. Munro. Second Vice-Pres., Miss Mary Larose; Sec.-Treas., Miss Hazel Brennan, 120 Third Avenue, Ottawa; Membership Secretary, Miss Irene Rogers; *Visiting Committee:* Misses J. Robert, S. Kearns, P. Bissonnette, B. Legris; *Councillors:* Rev. Sr. Flavie Domitille, Misses F. Nevins, E. Dorsormeaux, K. Bailley, J. Robert, I. McElroy; *Representatives* to *Central Registry*, Miss M. Donnelly, Miss M. Landreville; to *The Canadian Nurse*, Miss B. Legris.

A.A., St. Luke's Hospital, Ottawa

Hon. President, Miss E. Maxwell; President, Mrs. Swardfeger; Vice-Pres., Miss N. Lewis; Treas., Miss D. Brown, 346 Waverley St.; Sec., Miss I. Johnston, 91 Cameron Ave.; *Committee Conveners: Nominating:* Misses M. Heron, S. Carmichael, E. Young; *Flower*, Misses J. Lovering, I. Allen; *Programme*, Misses N. Lewis, P. Watt; *Auditors*, Misses E. McIlraith, M. Moore; *Representatives:* to *Central Registry*, Misses S. Clark, G. Woods; to *The Canadian Nurse*, Miss M. Drummond, Ottawa Civic Hospital.

A.A., Owen Sound General and Marine Hospital, Owen Sound

Hon. Presidents, Miss Webster, Miss B. Hall; President, Mrs. C. Johnston; First Vice-Pres., Miss M. Paton; Second Vice-Pres., Miss A. Robinson; Third Vice-Pres., Miss A. Weeden; Sec., Miss D. Duncan General and Marine Hospital; Assist. Sec., Miss W. Barnes; Treas., Miss R. Dunoon; *Committee Conveners: Flower*, Miss P. Pringle; *Visiting*, Miss M. Sim; *Programme*, Miss I. Anderson; *Refreshment*, Miss M. Cruickshank; *Purchasing* and *Ways and Means*, Miss J. Agnew; *Press* and *Rep.* to *The Canadian Nurse*, Miss D. Duncan.

A.A., Nicholls Hospital, Peterborough

Hon. President, Mrs. E. M. Leeson; President, Miss A. Dobbin; First Vice-President, Miss H. Russell; Second Vice-President, Miss E. Walsh; Secretary, Miss F. Vickers, 738 George St.; Treasurer, Miss B. Smith, 472 Sherbrooke St.; Corresponding Secretary, Miss M. Beavis, 406 Sheridan St.

A.A., St. Joseph's Hospital, Port Arthur

Hon. President, Rev. Mother Dympna; Hon. Vice-President, Rev. Sister Melanie; President, Mrs. H. Chase; First Vice-Pres., Mrs. E. Galvin; Second Vice-Pres., Miss V. Belluz; Corr. Sec., Miss I. Morrison, 345 Archibald St. N., Fort William; Secretary-Treasurer, Miss V. Rantanen.

A.A., Sarnia General Hospital, Sarnia

Hon. President, Mrs. R. E. Garrett; President, Miss D. Shaw; Vice-President, Miss O. Banting; Secretary, Miss A. Parker, 465 Cromwell St.; Treasurer, Miss B MacFarlane; *Committee Conveners: Flower*, Miss L. Sugrist; *Social and Programme*, Mrs. S. Elrick; *Representative* to *The Canadian Nurse*, Miss M. Smith.

A.A., Chambers Memorial Hospital, Smiths Falls

Hon. President, Miss M. F. Bliss; Hon. Vice-President, Miss M. Clark; Pres., Mrs. Grant Gray; Vice-Pres., Mrs. A. McCaw; Sec.-Treas., Miss G. Gore, Public Hospital; *Committee Conveners: Social*, Mmes. H. Johnston, W. Leeson, H. Scott, Misses M. Ha:, A. Campbell; *Flower*, Mrs. A. Weston, Misses M. Finley, G. Whiten.

A.A., Stratford General Hospital, Stratford

Hon. President, Miss A. M. Munn; President, Miss H. Stock; Vice-President, Miss D. Rohfritsch; Secretary-Treasurer, Miss Doris F. Craig, 217 Nile St.; *Committee Conveners: Social*, Miss L. Attwood; *Flower*, Miss V. Dunsmore.

A.A., Mack Training School, St. Catharines

Hon. Presidents, Misses Hughes, Kelman, Wright; Pres., Miss S. Murray; First Vice-Pres., Miss E. Richardson; Second Vice-Pres., Miss F. McArter; Secretary, Mrs. Cameron; Treasurer, Miss A. Ebbage, General Hospital; *Committee Conveners: Social*, Miss L. Kattmier; *Visiting*, Miss N. Hodgins; *Programme*, Miss H. Brown; *Representative* to *The Canadian Nurse*, Miss G. Ridge; *Correspondent*, Miss J. Hastie.

A.A., Memorial Hospital, St. Thomas

Hon. President, Miss L. Armstrong; Hon. Vice-Pres. Miss Buchanan; President, Miss E. Reaman; Vice-Pres., Miss E. Berube; Sec. Vice-Pres., Miss I. Garrow; Treas., Miss P. Cameron; Rec. Sec., Miss E. Jewell; Corr. Sec., Miss E. Dodds, 33 Wellington St.; *Committee Conveners: Visiting*, Miss I. Smalldon; *Social*, Miss A. Claypole; *Nominating*, Miss J. Clark; *Purchasing*, Miss F. MacAlpine; *Ways and Means*, Miss B. Pow; *Representatives:* to *R.N.A.O.*, Miss M. May; to *The Canadian Nurse*, Miss A. Prince.

A.A., Grace Division, Toronto Western Hospital Toronto

Hon. President, Mrs. C. J. Currie; President, Miss A. O. Bell; Recording Secretary, Miss Doris L. Kent; Corresponding Secretary, Miss May Hood, Grace Hospital, Toronto; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Hon. President, Miss E. M. Cook, 130 Dunn Ave.; President, Miss P. Lawrence, 130 Dunn Ave.; Vice-President, Miss Ferriman; Recording Secretary, Mrs. M. Smith; Corresponding Secretary, Miss M. Zufelt, 130 Dunn Ave.; Treasurer, Miss B. Langdon; *Social Convener:* Miss Doris Reid.

A.A., Hospital for Sick Children, Toronto

Hon. Presidents, Mrs. L. Goodson, Miss F. Potts; Miss K. Panton; Hon. Vice-President, Miss P. B. Austin; President, Mrs. A. Russell; First Vice-President, Miss M. Ingam; Second Vice-President, Miss M. Waddell; Recording Secretary, Miss J. Masten; Corresponding Secretary, Miss M. Elmes; Treasurer, Miss H. Elliott, H.S.C. Country Branch, R.R. No. 3, Weston; Assistant-Treasurer, Miss A. Hulbert; *Committee Conveners: Social*, Misses H. Clayton, M. Pickard; *Flower*, Mrs. D. Bray; *Programme*, Miss M. Dewar; *Publicity*, Miss J. Charlton; *Representatives:* to *R.N.A.O.*, Miss M. St. John; to *Private Duty Section*, Miss J. Murdock; to *Local Council of Women*, Mrs. F. Wilkinson; to *Child Welfare*, Miss J. Masten.

A.A., Riverdale Hospital, Toronto

President, Miss E. Betteridge; First Vice-Pres., Miss Gastrell; Second Vice-Pres., Miss M. Thompson; Secretary, Miss Armstrong, Riverdale Hospital; Treasurer, Miss J. Phillips; *Committee Conveners: Programme*, Miss K. Mathieson; *Visiting*, Mrs. McGillivray; *Press*, Miss L. Staples; *Membership*, Misses Forbes and McLaughlin; *Nominating*, Miss L. Wilson; *Representatives* to *R.N.A.O.*, Misses Baxter and Waring.

A.A., St. John's Hospital, Toronto

Hon. President, Sister Beatrice; President, Miss J. Vanderwell; First Vice-President, Miss S. Morgan; Second Vice-President, Sister Mary Helen; Treasurer, Miss D. Whiting, St. John's Hospital; Recording Secretary, Miss A. Greenwood, St. John's Hospital; Corresponding Secretary, Miss B. Ford; *Committee Conveners: Social*, Miss E. Smithett; *Visiting*, Miss A. Davies; *Press*, Miss M. Draper.

A.A., St. Joseph's Hospital, Toronto

Hon. President, Rev. Sister M. Electa; President, Miss M. McCarthy; First Vice-President, Miss L. Boyle; Second Vice-President, Miss M. Lyons; Recording Secretary, Miss B. O'Rourke; Corresponding Secretary-Treasurer, Miss H. M. Stedman, 31 Ava Road; *Councillors:* Misses F. Lawlor, A. Harrigan, E. Foley, M. Goodfriend.

A.A., St. Michael's Hospital, Toronto

Hon. President, Rev. Sister Superior; Hon. Vice-President, Rev. Sr. Jeanne; President, Miss Marie Melody; First Vice-Pres., Miss E. Van Lane; Second Vice-Pres., Miss L. Delanty; Third Vice-Pres., Miss H. McNamara; Treas., Miss G. Coulter, Apt. 404, 42 Isabelle St.; Assist. Treas., Miss M. Robertson; Corres. Sec., Miss M. Topham; Rec. Sec., Miss M. Foreman; *Councillors:* Misses M. Stone, M. Gibson, M. Hunt; *Committee Conveners: Entertainment*, Miss J. Fitzpatrick; *Publicity*, Miss C. Bond; *Representatives:* to *Private Duty*, Misses H. Hyland, S. Hunt; *Public Health*, Miss J. Coutts.

A.A., School of Nursing, University of Toronto, Toronto

Hon. President, Miss E. K. Russell; President, Miss L. Webb; Secretary, Mrs. M. W. McCutcheon, 98 Courtleigh Blvd.; Treasurer, Miss A. Heffernan, 16 Brookmount Rd.; *Committee Conveners: Social*, Miss E. Rowan; *Programme*, Miss M. Gorstige; *Membership*, Miss M. Bullick; *Special Fund*, Miss L. Gamble, 1275 Bathurst St.

A.A., Toronto General Hospital, Toronto

Hon. President, Miss Jean I. Gunn; President, Miss Nettie Fidler; First Vice-President, Miss Edna Moore; Second Vice-President, Miss Jean Anderson; Secretary-Treasurer, Miss Gertrude E. Durie, 1 Ridley Gardens; *Councillors:* Miss Elvira Manning, Miss Jean Mitchell, Mrs. B. Hassard; *Committee Conveners: Flower*, Miss Effie Forgie; *Programme*, Miss Mary MacFarland; *Press*, Miss Sadie Williams; *Nomination*, Miss Hilda McLennan; *Social*, Miss Esther Strachan; "The Quarterly," Miss Mary Fidler; *Archivist*, Miss Jean Kniseley.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

Hon. President, Miss E. MacLean; President, Miss Alma Hunter; Vice-President, Miss C. Kipp; Secretary, Miss L. Wood, 221 Queensdale Ave.; Treasurer, Miss J. McMaster, 105 Hampton Ave.; *Representatives:* to *R.N.A.O.*, Miss M. Morninez; to *Central Registry*, Misses M. Thompson, J. McMaster.

A.A., Toronto Western Hospital, Toronto

Hon. President, Miss B. L. Ellis; President, Miss A. A. Walker, Toronto Western Hospital; Vice-President, Miss G. Paterson; Recording Secretary, Miss B. McCutcheon; Secretary-Treasurer, Miss Helen Stewart, Toronto Western Hospital; *Representative* to *The Canadian Nurse*, Miss M. Floyd.

A.A., Wellesley Hospital, Toronto

Hon. President, Miss Ross; President, Miss Louise Richards; First Vice-Pres., Miss E. McAlpine; Second Vice-Pres., Miss V. McKelvey; Corr. Sec., Miss C. Tavener, 76 Northumberland St.; Rec. Sec., Miss M Kilgour; Treasurer, Miss A. Forrester, 415 Walmer Rd. *Representative* to *The Canadian Nurse*, Miss E. Cowan.

A.A., Women's College Hospital, Toronto

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Meiklejohn; President, Miss Fraser, Women's College Hospital; Secretary, Miss Varley, 27 Dalton Rd.; Treasurer, Miss Free, Women's College Hospital.

A.A., Connaught Training School for Nurses, Toronto Hospital, Weston

Hon. President, Miss E. MacP. Dickson; President, Miss D. Clements; Vice-President, Miss D. Morrison; Secretary, Miss G. L. Mickle, Toronto Hospital, Weston; Treasurer, Miss G. Elgie, Toronto Hospital, Weston; *Convener; Social Committee* Miss D. Branigan.

A.A., Grace Hospital, Windsor

Hon. President, Major A. M. Brett; President Adjutant F. E. Burrows; First Vice-Pres., Miss E. Campbell; Second Vice-Pres., Miss O. Lypps; Secretary Miss Jessie Stinson, 305 Madison Apts., Pitt St. W.; Corr. Secretary, Miss F. Johns; Treasurer, Miss B. Sandeman; Press Correspondent, Captain Gladys Barker.

A.A., Hôtel Dieu, Windsor

Hon. President, Rev. Mother Marie; President, Miss Josephine Londeau; First Vice-Pres., Miss Julia Beahn; Secretary, Miss E. Marentette, Hôtel Dieu Hospital; Treasurer, Miss Mary Fenner; *Committee Conveners:* Rev. Sister Roy, Miss Helen Slattery; *Representative* to *The Canadian Nurse*, Miss Z. Londeau.

A.A., General Hospital, Woodstock

Hon. Presidents, Miss Frances Sharpe, Miss Helen Potts; President, Miss May Davison; Vice-Pres., Mrs. Town; Sec., Miss Ella Eby; Asst. Sec., Miss Dorothy Hobbs; Corr. Sec., Miss May Davison, 567 Adelaide St.; Treas., Miss Marie MacPherson; Asst. Treas., Miss Jean Kelly; *Committee Conveners: Programme*, Misses Cook and Kennedy; *Flower and Gift*, Misses Start and Costello; *Social*, Miss Hastings, Mrs. Tyler.

QUEBEC

A.A., Lachine General Hospital, Lachine

Hon. President, Miss M. L. Brown; President, Miss M. McNutt; Vice-President, Miss E. J. Dewar; Secretary-Treasurer, Miss L. Byrns, Lachine General Hospital; *Executive Committee:* Misses I. McIntosh, S McFadyen; *Representative:* to *Private Duty Section*, Miss B. Lapierre.

A.A., Children's Memorial Hospital, Montreal

Hon. Presidents, Miss A. Kinder, Miss Alexander, Miss H. Jenkins; President, Miss L. Destromp; Vice-President, Miss G. Gough; Treasurer, Miss M. Collins; Secretary, Miss E. Richardson, Children's Memorial Hospital; *Committee Conveners: Social*, Miss E. Fox; *Sick Nurses*, Miss H. Easterbrook; *Representatives:* to *Private Duty Section*, Miss M. Plamondon; to *The Canadian Nurse*, Miss A. E. Collins.